

Medicare Directory of Prevailing Charges 1983

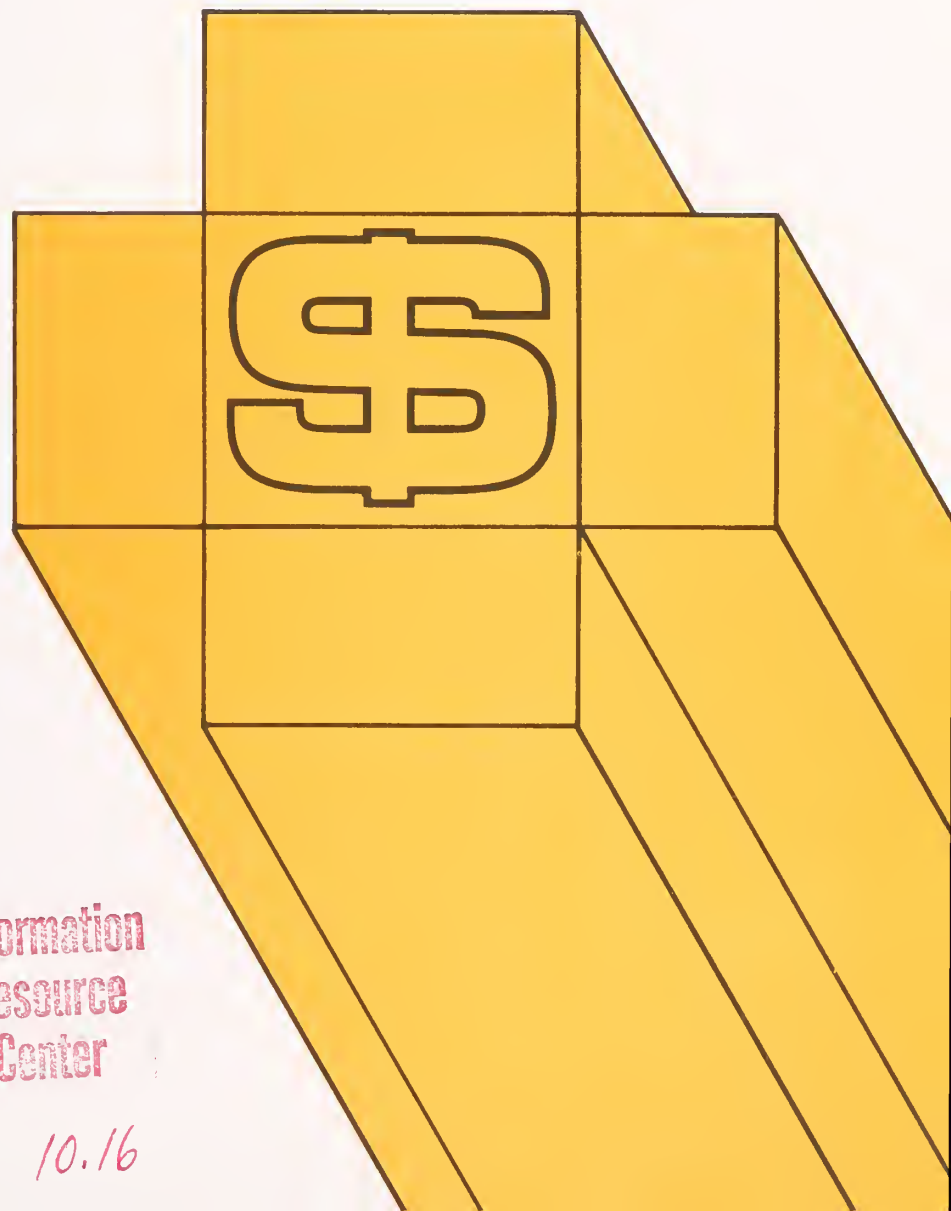


U.S. Department
of Health and
Human Services

Health Care
Financing
Administration

Information
Resource
Center

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THE MEDICARE DIRECTORY

OF

PREVAILING CHARGES

FSY 1983

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Introduction

This directory contains Fee Screen Year 1983 Medicare reimbursement data based on physician charges submitted to Medicare during calendar year 1981 in each of the reasonable charge localities within each Part B carrier's service area.

Maps are provided for each State which outline the separate charge districts (localities) the carriers use in reimbursing claims under the Medicare program. The counties within each locality are listed to aid in identifying the exact geographic breakdowns. More detailed locality information can be obtained on selected carriers by referring to Appendix A in the back of the directory.

This directory was compiled from magnetic tapes submitted by each of the carriers. Every effort has been made to minimize errors in the data displayed for each of the carriers however because of differences in coding systems it may sometimes be necessary to consult directly with the carrier for clarification.

The prevailing charge data represents the maximum amounts upon which reimbursement is based with the Medicare Part B program. It also reflects the influence of the Economic Index Provisions. For each locality, prevailing charges are listed for 30 medical services performed by General Practitioners (GP) and for 100 physician services performed by medical Specialists. Where the carrier makes no specialty differentiation in its screens, the top of the page states "combined locality designation". Blank spaces in the prevailing charge columns indicate that (a) prevailing charge data was not collected for the GP specialty category, (b) the procedure is not performed in the locality, or (c) the carrier does not use the same definition of the procedure as listed. When an asterisk (*) appears beside a charge, it means that the charge is adjusted by the application of the economic index. When a letter "P" appears next to a charge, the amount represents the Professional component only. The letter "L" stands for the lowest charge levels applying to selected laboratory and durable medical equipment screens.

When reviewing the specialist charge screen data, it should be noted that the amounts represent the prevailing charge screen for the specialist who most frequently performs these procedures. Therefore, the procedure list in Table A contains the category of medical specialists for which charge screen data was collected for the 103 procedures. Seven additional procedures are listed for durable medical equipment.

If you have any questions about the data or locality information displayed in this directory, please direct your questions to James Barnett (301-594-6743), Health Care Financing Administration, Bureau of Program Operations, Room 367 Meadows East Building, 6325 Security Boulevard, Baltimore, Maryland 21207. For technical questions involving computer programming of the data, contact our Bureau of Support Services (301-594-0810).

Table ATerminology Used in the Medicare Directory of Prevailing Charges

Due to studies of high volume medical procedures conducted in the past, only 30 of the 110 procedures will have prevailing charge screens recorded for both General Practitioners and selected Specialists. The remaining procedures will have charge screens relating only to the category of specialist specified below:

<u>Procedure</u>	<u>Terminology</u>	<u>Specialist(s)</u>
1	Initial Brief Office Visit	Internist
2	Initial Limited Office Visit	GP, Internist
3	Initial Intermediate Office Visit	Internist
4	Initial Comprehensive Office Visit	GP, Internist
5	Minimal Followup Office Visit	GP, Internist
6	Brief Followup Office Visit	GP, Internist
7	Limited Followup Office Visit	GP, Internist
8	Intermediate Followup Office Visit	GP, Internist
9	Extended Followup Office Visit	GP, Internist
10	Comprehensive Followup Office Visit	GP, Internist
11	Brief Followup Home Visit	GP, Family Practitioner
12	Limited Followup Home Visit	Family Practitioner
13	Intermediate Followup Home Visit	GP, Family Practitioner
14	Extended Care Facility Visit	Internist
15	Brief Followup Nursing Home Visit	GP, Internist
16	Initial Brief Hospital Visit	GP, Internist
17	Initial Intermediate Hospital Visit	Internist
18	Initial Comprehensive Hospital Visit	GP, Internist
19	Brief Followup Hospital Visit	GP, Internist
20	Limited Followup Hospital Visit	GP, Internist
21	Intermediate Followup Hospital Visit	GP, Internist
22	Extended Followup Hospital Visit	Internist
23	Brief Emergency Room Visit	Internist
24	Limited Emergency Room Visit	Internist
25	Intermediate Emergency Room Visit	Internist
26	Limited Consultation	GP, Internist
27	Extensive Consultation	Internist
28	Comprehensive Consultation	Internist
29	Psychotherapy-One Hour	Psychiatrist
30	Psychotherapy-Half Hour	Psychiatrist

<u>Procedure</u>	<u>Terminology</u>	<u>Specialist(s)</u>
31	Chiropractic office Visit	Chiropractor
32	Initial Physiotherapy	Physical Therapist
33	Followup Podiatric Office Visit	Podiatrist
34	Electrocardiogram (EKG)	GP, Internist
35	EKG-Interpretation, Report Only	GP, Internist
36	Spirometry	Pulmonary Specialist
37	Electroencephalogram (EEG)	Neurologist
38	Chemotherapy	Internist
39	Collection of Specimens	Laboratory <u>1/</u>
40	Debridement of Nails	Surgeon
41	Skin Biopsy	Surgeon
42	Chemocautery	Surgeon
43	Radical Mastectomy (Modified)	Surgeon
44	Open Reduction of Fracture	Orthopedic Surgeon
45	Arthrocentesis-Major Joint	Orthopedic Surgeon & G.P.
46	Coronary by-pass (three or more arteries)	G.P. Cardiovascular Surgeon
47	Artificial Hip Replacement	Orthopedic Surgeon
48	Needle Puncture of Bursa	Internist
49	Bronchoscopy	Internist
50	Thoracentesis	General Surgeon
51	Catherization of Heart	Cardiologist
52	Insertion of Pacemaker	Cardiologist
53	Partial Colectomy	General Surgeon
54	Appendectomy	General Surgeon
55	Sigmoidoscopy	GP, General Surgeon
56	Hemorrhoidectomy	General Surgeon
57	Cholecystectomy	General Surgeon
58	Repair Hernia	General Surgeon
59	Diagnostic Cystourethroscopy	GP, Urologist
60	Dilation of Urethra	Urologist
61	Prostatectomy	Urologist
62	Electrosection-Prostate (TUR)	GP, Urologist
63	Hysterectomy	Obstetrician-Gynecologist
64	Initial Complete Eye Exam	Ophthalmologist
65	Comprehensive Eye Exam	Ophthalmologist
66	Eye Exam with Tonometry	Ophthalmologist
67	Extraction of Lens	GP, Ophthalmologist
68	Chest X-ray-Single View	GP, Radiologist
69	Chest X-ray-Two Views	GP, Radiologist
70	X-ray-Spine	Radiologist

1/ Without regard to medical specialty or place where service was performed.

Procedure

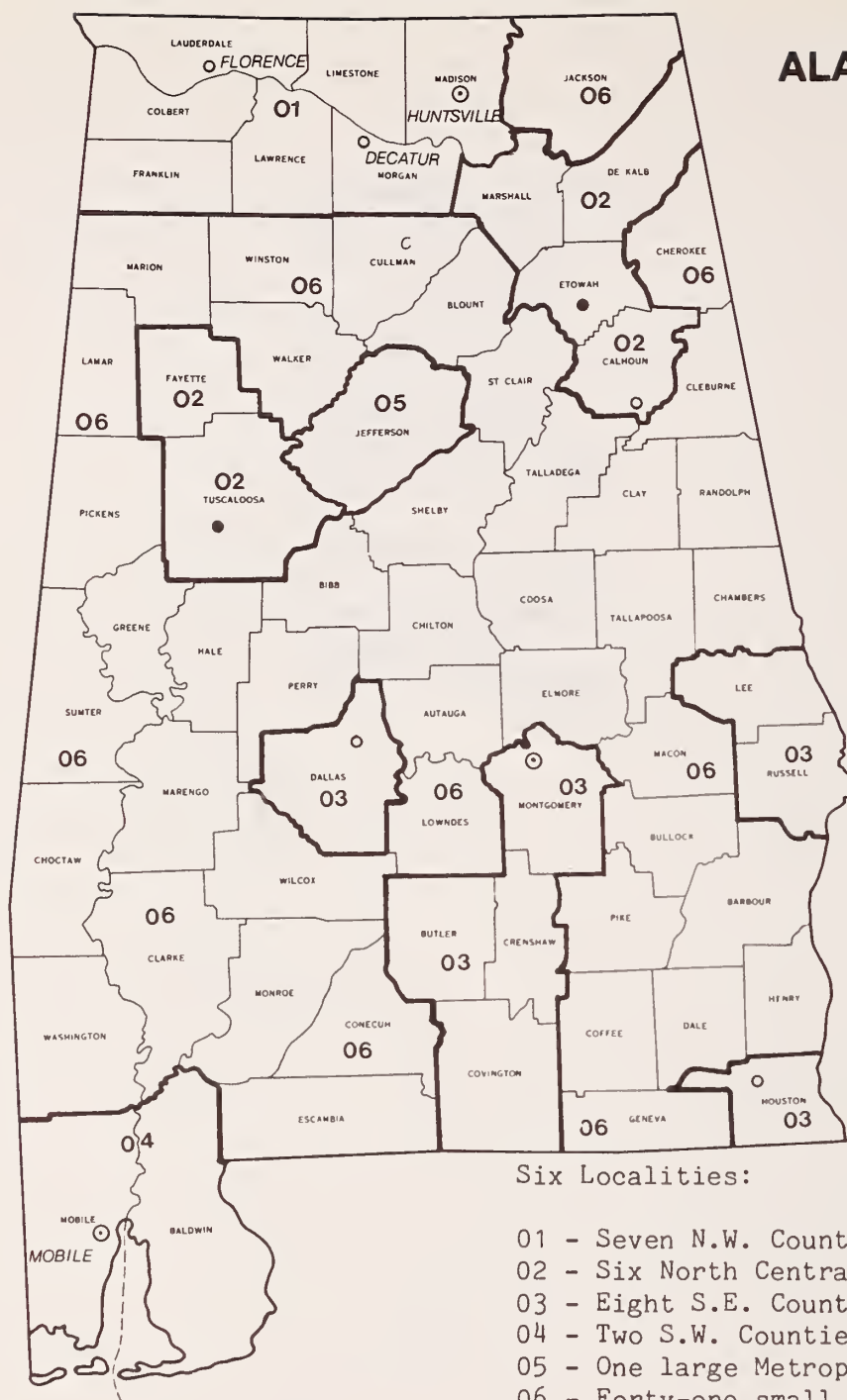
71	X-ray-Hip	Radiologist
72	X-ray-Upper GI Tract	GP, Radiologist
73	X-ray-Colon	Radiologist
74	Radiation Therapy-Low Volt	GP, Radiologist
75	Radiation Therapy-Super Volt	GP, Radiologist
76	Radiation Therapy-Megavolt	Radiologist
77	CAT Scan-Head	Radiologist
78	CAT Scan-Abdomen	Radiologist ^{1/}
79	Three Chemistry Tests	Laboratory
80	Twelve Chemistry Tests	Laboratory
81	Culture-Other than Blood	Laboratory
82	Hemoglobin	Laboratory
83	Automated Blood Count	Laboratory
84	White Cell Count	Laboratory
85	Complete Blood Count (CBC)	Laboratory
86	Cholesterol Test	Laboratory
87	Flocculation Test	Laboratory
88	Hematocrit	Laboratory
89	Platelet Count (Rees-Ecker)	Laboratory
90	Potassium Test	Laboratory
91	Prothrombin Time Test	Laboratory
92	Sedimentation Rate	Laboratory
93	Blood Sugar	Laboratory
94	BUN-Urea Nitrogen	Laboratory
95	Uric Acid	Laboratory
96	Feces-Occult Blood	Laboratory
97	Pap Test	Laboratory
98	Routine Urinalysis	Laboratory
99	Chemical Urinalysis	Laboratory
100	Pathology-Three Specimens	Laboratory

^{1/} Without regard to medical specialty or place where service was performed.

<u>Procedure</u>		<u>Specialist(s)</u>
101	Monitoring of Pacemaker	Cardiologist
102	Donor Nephrectomy	Urology
103	Kidney Transplant	Urology
	<u>Rental Equipment</u>	
104	Standard Hospital Bed	No speciality
105	Standard Walker	No speciality
106	Standard Wheelchair	No speciality
107	Liquid Oxygen System	No speciality
	<u>Purchased Equipment</u>	
108	Standard Hospital Bed	No speciality
109	Standard Walker	No speciality
110	Standard Wheelchair	No speciality

ALABAMA

ALABAMA



Six Localities:

- 01 - Seven N.W. Counties
- 02 - Six North Central Counties
- 03 - Eight S.E. Counties
- 04 - Two S.W. Counties
- 05 - One large Metropolitan County
- 06 - Forty-one small Rural Counties

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA LOCALITY DESIGNATION FOR GENERAL PRACTICE					ALABAMA LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT									1
2 INITIAL LIMITED OFFICE VISIT									2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	25.00	30.00	31.10*	30.00	48.70*	58.50*	68.20*	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	12.00*	15.00	14.00*	13.60*	14.60*	13.60*	19.60*	19.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT									7
8 INTERMEDIATE F/U OFFICE VISIT	16.00	16.00	17.00	19.60*	20.00	17.00	19.60*	22.00	8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT	30.00	35.00	25.00	25.00	40.00	58.50*	58.50*	60.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	19.60*	20.00	23.40*	19.60*	19.60*	19.60*	19.60*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT									13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	15.00*	15.00*	15.00*	15.00*	15.00*	15.00*	19.60*	19.60*	15
16 INITIAL BRIEF HOSPITAL VISIT									16
17 INIT INTERMED HOSPITAL VISIT					48.70*	58.50*	68.20*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT									18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	13.60*	15.40*	19.60*	19.60*	13.60*	19.60*	19.60*	19
20 LIMITED F/U HOSPITAL VISIT									20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT					19.60*	29.30*	29.30*	29.30*	23
24 LIMITED EMERGENCY ROOM VISIT									24
25 INTERMED EMERGENCY ROOM VISIT									25
26 LIMITED CONSULTATION	45.00	48.70*	35.00*	48.70*	48.70*	58.50*	58.50*	58.50*	26
27 EXTENSIVE CONSULTATION									27
28 COMPREHENSIVE CONSULTATION					75.00	69.00	68.20*	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR									29
30 PSYCHOTHERAPY-HALF HOUR									30
31 CHIROPRACTIC OFFICE VISIT					14.00	11.70*	10.90*	15.40*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCARDIOGRAM (EKG)	29.30*	29.30*	29.30*	27.00	29.30*	29.30*	29.30*	27.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	15.00	15.00	15.00	15.00	15.00	35
36 SPIROMETRY					21.80*	35.00	35.00	10.80*	36
37 ELECTROENCEPHALOGRAM (EEG)							60.00	35.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					40.00	35.00*	45.00	40.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1021.70*	1021.70*	1021.70*	1021.70*	43
44 OPEN REDUCTION OF FRACTURE					974.70*	974.70*	974.70*	974.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.90*	20.00	20.00*	20.00	29.30*	23.50*	23.50*	25.00	45
46 CORONARY ARTERY BYPASS					3301.10*	3065.50*	2338.90*	2612.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1767.90*	1767.90*	1767.90*	1767.90*	47
48 NEEDLE PUNCTURE OF BURSA					19.60*	25.00	25.00	19.60*	48
49 BRONCHOSCOPY					194.90*	250.00	194.90*	194.90*	49
50 THORACENTESIS					78.80*	68.60*	48.70*	46.30*	50
51 CATHERIZATION OF HEART									51
52 INSERTION OF PACEMAKER						750.00	750.00	750.00	52
53 PARTIAL COLECTOMY					1000.00	877.10*	1072.00*	1050.00	53
54 APPENDECTOMY									54
55 SIGMOIDOSCOPY					48.70*	35.00	48.70*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					409.30*	409.30*	409.30*	409.30*	56
57 CHOLECYSTECTOMY					682.10*	682.10*	682.10*	731.10*	57
58 REPAIR HERNIA					487.20*	409.30*	389.90*	438.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	95.00	72.30*	97.30*		95.00	78.10*	65.00*	97.30*	59
60 DILATION OF URETHRA					20.00	20.00	24.00	45.00	60
61 PROSTATECTOMY - SUPRAPUBIC					970.00	877.10*	970.00	970.00	61
62 ELECTROSECTION-PROSTATE (TUR)		920.00			779.80*	828.50*	857.75*	970.00	62
63 HYSTERECTOMY					877.10*	877.10*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM					27.10*	21.90*	20.50*	33.00	64
65 COMPREHENSIVE EYE EXAM									65
66 EYE EXAM WITH TONOMETRY					15.00	14.60*	15.00	15.00	66
67 EXTRACTION OF LENS					877.10*	800.00	900.00	877.10*	67
68 CHEST X-RAY - SINGLE VIEW	24.50*	29.30*	23.40*	29.30*	25.40*	25.40*	19.60*	25.40*	68
69 CHEST X-RAY - TWO VIEWS	29.30*	29.30*	29.30*	29.30*	29.30*	29.30*	33.10*	29.30*	69
70 X-RAY SPINE					50.00	50.00	52.80*	50.00	70
71 X-RAY HIP					38.90*	38.90*	36.00	38.90*	71
72 X-RAY UPPER GI TRACT	68.20*	68.20*	68.20*	65.00*	78.10*	78.10*	75.00	78.10*	72
73 X-RAY COLON					68.20*	68.20*	76.00	68.20*	73
74 RADIATION THERAPY-LOW VOLT					29.30*	29.30*	27.10*	18.50*	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS									80
81 CULTURE - OTHER THAN BLOOD									81
82 HEMOGLOBIN									82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT									84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST									86
87 FLOCCULATION TEST									87
88 HEMATOCRIT									88
89 PLATELET COUNT (REES-ECKER)									89
90 POTASSIUM TEST - BLOOD									90
91 PROTHROMBIN TIME TEST									91
92 SEDIMENTATION RATE									92
93 BLOOD SUGAR									93
94 BUN-UREA - NITROGEN									94
95 URIC ACID									95
96 FECES-OCCULT BLOOD-SCREENING									96
97 PAP TEST									97
98 ROUTINE URINALYSIS									98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					28.00	25.50		20.00	100
101 ELEC MONITORING-PACEMAKER						35.00	35.00		101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					48.50	50.00	47.25	50.00	104
105 WALKER - RENTAL					13.20	12.00	10.50	12.00	105
106 WHEELCHAIR - RENTAL					28.10	30.00	26.00	30.00	106
107 LIQUID OXYGEN - RENTAL					50.00	50.00			107
108 HOSPITAL BED - PURCHASE					575.00	575.00	575.00	575.00	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	05	06	
1 INITIAL BRIEF OFFICE VISIT					1
2 INITIAL LIMITED OFFICE VISIT					2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	35.00	25.00	68.20*	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT					5
6 BRIEF FOLLOWUP OFFICE VISIT	15.40*	12.00*	19.60*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT					7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	17.50*	25.00	19.60*	8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	25.00	60.00	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	19.60*	19.60*	19.60*	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMEDIATE F/U HOME VISIT					13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT	15.40*	15.00*	19.60*	15.00*	15
16 INITIAL BRIEF HOSPITAL VISIT					16
17 INIT INTERMED HOSPITAL VISIT			68.20*	68.20*	17
18 INITIAL COMP HOSPITAL VISIT					18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	13.60*	19.60*	13.10*	19
20 LIMITED F/U HOSPITAL VISIT					20
21 INTERMED F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT			27.00	29.30*	23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT					25
26 LIMITED CONSULTATION	48.70*	48.70*	68.20*	55.00	26
27 EXTENSIVE CONSULTATION					27
28 COMPREHENSIVE CONSULTATION			87.50*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					29
30 PSYCHOTHERAPY-HALF HOUR					30
31 CHIROPRACTIC OFFICE VISIT		8.40*	12.00*	12.00	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT					33
34 ELECTROCARDIOGRAM (EKG)	35.00	29.30*	35.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	15.00	35
36 SPIROMETRY			20.70*		36
37 ELECTROENCEPHALOGRAM (EEG)			45.00		37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS					39
40 DEBRIDEMENT OF NAILS					40
41 SKIN BIOPSY			50.00	35.00	41
42 CHEMOCAUTERY					42
43 RADICAL MASTECTOMY			902.00*	1021.70*	43
44 OPEN REDUCTION OF FRACTURE			974.70*	1150.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	18.00	29.30*	23.80*	45
46 CORONARY ARTERY BYPASS			2862.60*		46
47 TOTAL ARTIFICIAL HIP REPLACE			1767.90*	1767.90*	47
48 NEEDLE PUNCTURE OF BURSA			30.00	15.00	48
49 BRONCHOSCOPY			194.90*	194.90*	49
50 THORACENTESIS			100.00		50
51 CATHETERIZATION OF HEART					51
52 INSERTION OF PACEMAKER			750.00	750.00	52
53 PARTIAL COLECTOMY			1461.90*	1072.00*	53
54 APPENDECTOMY					54
55 SIGMOIDOSCOPY			48.70*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF ALABAMA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALABAMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	05	06	
56 HEMORRHOIDECTOMY			409.30*	409.30*	56
57 CHOLECYSTECTOMY			779.80*	633.50*	57
58 REPAIR HERNIA			487.20*	351.00*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	97.30*	97.30*	68.20*	78.10*	59
60 DILATION OF URETHRA			30.00	19.60*	60
61 PROSTATECTOMY - SUPRAPUBIC			970.00	970.00	61
62 ELECTROSECTION-PROSTATE (TUR)			974.70*	877.10*	62
63 HYSTERECTOMY			877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM			31.10*	32.70*	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			15.00	20.00	66
67 EXTRACTION OF LENS		812.50*	974.70*	974.70*	67
68 CHEST X-RAY - SINGLE VIEW	27.00	23.40*	20.00*	18.80*	68
69 CHEST X-RAY - TWO VIEWS	32.50	29.30*	29.30*	29.30*	69
70 X-RAY SPINE			41.20*	50.00	70
71 X-RAY HIP			33.00	38.90*	71
72 X-RAY UPPER GI TRACT	68.20*	68.20*	68.20*	76.40*	72
73 X-RAY COLON			68.20*	68.20*	73
74 RADIATION THERAPY-LOW VOLT			21.50*		74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD					77
78 CAT SCAN - ABDOMEN					78
79 THREE CHEMISTRY TESTS					79
80 NINETEEN CHEMISTRY TESTS					80
81 CULTURE - OTHER THAN BLOOD					81
82 HEMOGLOBIN					82
83 AUTOMATED BLOOD COUNT					83
84 WHITE CELL COUNT					84
85 COMPLETE BLOOD COUNT (CBC)					85
86 CHOLESTEROL TEST					86
87 FLOCCULATION TEST					87
88 HEMATOCRIT					88
89 PLATELET COUNT (REES-ECKER)					89
90 POTASSIUM TEST - BLOOD					90
91 PROTHROMBIN TIME TEST					91
92 SEDIMENTATION RATE					92
93 BLOOD SUGAR					93
94 BUN-UREA - NITROGEN					94
95 URIC ACID					95
96 FECES-OCCULT BLOOD-SCREENING					96
97 PAP TEST					97
98 ROUTINE URINALYSIS					98
99 CHEMICAL URINALYSIS					99
100 PATHOLOGY - THREE SPECIMENS			23.00		100
101 ELEC MONITORING-PACEMAKER			35.00		101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			50.00	44.00	104
105 WALKER - RENTAL			12.00	11.00	105
106 WHEELCHAIR - RENTAL			30.00	26.00	106
107 LIQUID OXYGEN - RENTAL			50.00	50.00	107
108 HOSPITAL BED - PURCHASE			575.00	575.00	108
109 WALKER - PURCHASE					109
110 WHEELCHAIR - PURCHASE					110

ALASKA



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		31.20*	1
2 INITIAL LIMITED OFFICE VISIT	39.00*	48.70*	2
3 INITIAL INTERMED OFFICE VISIT		87.20*	3
4 INITIAL COMP OFFICE VISIT	111.90*	97.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.60*	16.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	23.40*	23.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	29.10*	31.20*	7
8 INTERMEDIATE F/U OFFICE VISIT	29.10*	39.00*	8
9 EXTENDED F/U OFFICE VISIT	58.50*	58.50*	9
10 COMP FOLLOWUP OFFICE VISIT	74.10*	97.60*	10
11 BRIEF FOLLOWUP HOME VISIT	37.00	37.00	11
12 LIMITED FOLLOWUP HOME VISIT		58.50*	12
13 INTERMDIATE F/U HOME VISIT	50.80*		13
14 EXTENDED CARE FACILITY VISIT		20.00*	14
15 BRIEF F/U NURSING HOME VISIT	19.50*		15
16 INITIAL BRIEF HOSPITAL VISIT	57.00	58.50*	16
17 INIT INTERMED HOSPITAL VISIT		97.60*	17
18 INITIAL COMP HOSPITAL VISIT	111.90*	97.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	23.40*	23.40*	19
20 LIMITED F/U HOSPITAL VISIT	42.00	47.00	20
21 INTERMED F/U HOSPITAL VISIT	52.60*	55.90*	21
22 EXTENDED F/U HOSPITAL VISIT		67.40*	22
23 BRIEF EMERGENCY ROOM VISIT		38.50*	23
24 LIMITED EMERGENCY ROOM VISIT		51.90*	24
25 INTERMED EMERGENCY ROOM VISIT		89.80*	25
26 LIMITED CONSULTATION	50.30*	53.30*	26
27 EXTENSIVE CONSULTATION		91.10*	27
28 COMPREHENSIVE CONSULTATION		97.60*	28
29 PSYCHOTHERAPY-ONE HOUR		58.50*	29
30 PSYCHOTHERAPY-HALF HOUR		26.20*	30
31 CHIROPRACTIC OFFICE VISIT		21.10*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		14.00*	33
34 ELECTROCARDIOGRAM (EKG)	58.50*	49.75*	34
35 EKG-INTERPRET AND REPORT ONLY	23.40*	23.40*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)			37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY		54.40*	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1715.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	45.00*	48.70*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		3278.20*	47
48 NEEDLE PUNCTURE OF BURSA		36.20*	48
49 BRONCHOSCOPY		250.10*	49
50 THORACENTESIS			50
51 CATHERIZATION OF HEART		859.00*	51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY		1559.00*	53
54 APPENDECTOMY	828.20*	724.90*	54
55 SIGMOIDOSCOPY		55.00	55

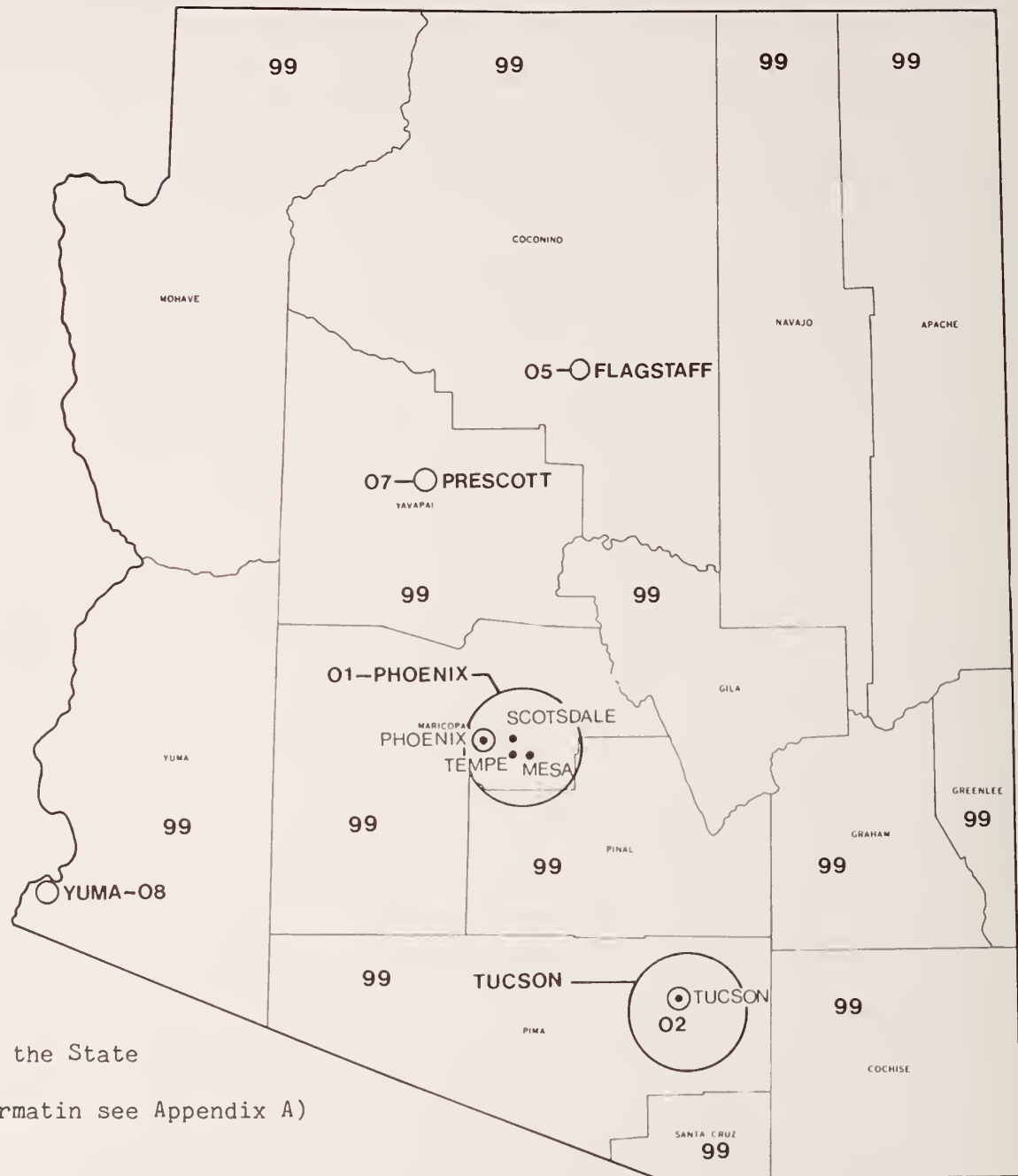
1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ALASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY			56
57 CHOLECYSTECTOMY		1130.30*	57
58 REPAIR HERNIA		789.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	90.60*	155.90*	59
60 DILATION OF URETHRA			60
61 PROSTATECTOMY - SUPRAPUBIC			61
62 ELECTROSECTION-PROSTATE (TUR)	1449.80*	1403.00*	62
63 HYSTERECTOMY			63
64 INITIAL COMPLETE EYE EXAM		46.70*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		17.00*	66
67 EXTRACTION OF LENS	1449.80*	1559.00*	67
68 CHEST X-RAY - SINGLE VIEW	35.10*	31.20*	68
69 CHEST X-RAY - TWO VIEWS	48.70*	46.70*	69
70 X-RAY SPINE		50.80*	70
71 X-RAY HIP		58.50*	71
72 X-RAY UPPER GI TRACT	109.20*	93.60*	72
73 X-RAY COLON		84.70*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		38.00	79
80 NINETEEN CHEMISTRY TESTS		26.00	80
81 CULTURE - OTHER THAN BLOOD		25.00	81
82 HEMOGLOBIN			82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT			84
85 COMPLETE BLOOD COUNT (CBC)			85
86 CHOLESTEROL TEST			86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT			88
89 PLATELET COUNT (REES-ECKER)		14.00	89
90 POTASSIUM TEST - BLOOD		16.50	90
91 PROTHROMBIN TIME TEST			91
92 SEDIMENTATION RATE			92
93 BLOOD SUGAR			93
94 BUN-UREA - NITROGEN			94
95 URIC ACID			95
96 FECES-OCCULT BLOOD-SCREENING			96
97 PAP TEST			97
98 ROUTINE URINALYSIS			98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL			106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

ARIZONA

ARIZONA



Six Localities:

- 01 - Phoenix
- 02 - Tucson
- 05 - Flagstaff
- 07 - Prescott
- 08 - Yum
- 99 - All other parts of the State

(For more locality informatin see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	05	07	01	02	05	07	
1 INITIAL BRIEF OFFICE VISIT					35.00	28.00	30.00	25.00	1
2 INITIAL LIMITED OFFICE VISIT	24.00	25.00	33.00	40.00	60.00	43.00	50.00	48.70*	2
3 INITIAL INTERMED OFFICE VISIT					52.90*	65.00	52.90*		3
4 INITIAL COMP OFFICE VISIT	68.20*	50.00	41.00*	48.70*	87.60*	85.00	68.20*	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.80*	9.80*	7.80*	7.80*	11.75*	9.80*	6.00*	9.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.60*	15.60*	13.70*	15.60*	23.40*	19.50*	15.90*	15.90*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.50*	19.50*	19.50*	22.00	28.00	22.00	23.60*	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	28.00	25.00	19.50*	15.60*	29.10*	25.00	22.00	25.00	8
9 EXTENDED F/U OFFICE VISIT	40.00	50.00	35.00	25.00*	40.00	40.00	37.70*	60.00	9
10 COMP FOLLOWUP OFFICE VISIT	60.00	45.00	54.50	39.00*	68.20*	60.00	40.00*	68.20*	10
11 BRIEF FOLLOWUP HOME VISIT	29.10*	29.10*	29.10*	29.10*	29.10*	29.10*	29.10*		11
12 LIMITED FOLLOWUP HOME VISIT					40.00				12
13 INTERMDIATE F/U HOME VISIT	40.00	40.00		33.50*					13
14 EXTENDED CARE FACILITY VISIT					27.00	31.70*		27.00	14
15 BRIEF F/U NURSING HOME VISIT	27.00	29.10*		19.50*					15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	55.00	58.50*	39.00*	68.20*	55.00	47.40*	47.40*	16
17 INIT INTERMED HOSPITAL VISIT					68.20*	58.50*	77.90*	78.00	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	70.10*	58.50*	39.00*	95.00	68.20*	77.90*	87.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	17.00	15.60*	23.40*	19.50*	15.90*	15.90*	19
20 LIMITED F/U HOSPITAL VISIT	30.00	20.00	30.00	25.00	29.10*	25.00	30.00	23.40*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	25.00	29.10*	16.80*	29.10*	24.50*	26.50*	20.60*	21
22 EXTENDED F/U HOSPITAL VISIT					40.00	35.00	35.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					32.00	32.00		32.00	23
24 LIMITED EMERGENCY ROOM VISIT					52.20*	45.00		45.00	24
25 INTERMED EMERGENCY ROOM VISIT					62.50	44.00	60.00	51.40*	25
26 LIMITED CONSULTATION	35.00	35.00	45.00	45.00	80.00	54.00	75.00	75.00	26
27 EXTENSIVE CONSULTATION					78.60*	79.00*	75.00	78.60*	27
28 COMPREHENSIVE CONSULTATION					97.60*	81.90*	87.60*	87.60*	28
29 PSYCHOTHERAPY-ONE HOUR					56.40*	40.70*	66.80*	66.80*	29
30 PSYCHOTHERAPY-HALF HOUR					37.60*	24.50*	40.00*	40.00*	30
31 CHIROPRACTIC OFFICE VISIT	16.90*	17.00			18.60*	17.00	15.10*	18.00	31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*			32
33 F/U PODIATRIC OFFICE VISIT					19.50*	19.50*	15.90*	19.50*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	33.00	30.00	39.00*	39.00*	29.10*	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.00	9.80*		9.30*	14.60*	22.00			35
36 SPIROMETRY					35.00	58.50*			36
37 ELECTROENCEPHALOGRAM (EEG)					85.00	97.60*			37
38 CHEMOTHERAPY					25.90	12.00	25.00	25.00	38
39 COLLECTION OF SPECIMENS					8.00				39
40 DEBRIDEMENT OF NAILS					30.00	26.50*			40
41 SKIN BIOPSY					40.00	42.00	42.00	39.80*	41
42 CHEMOCAUTERY					20.00	29.10*	29.10*	26.50*	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					1286.25*	1091.40*	713.30*	1179.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	31.50	30.00	22.50*	25.00	32.00	32.00	32.00	32.00	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2338.40*	2280.10*	1956.60*		47
48 NEEDLE PUNCTURE OF BURSA					40.00	26.50*	35.00	25.30*	48
49 BRONCHOSCOPY							233.80*	233.80*	49
50 THORACENTESIS					48.70*			48.70*	50
51 CATHERIZATION OF HEART					584.60*	565.10*			51
52 INSERTION OF PACEMAKER					1325.20*				52
53 PARTIAL COLECTOMY					1247.20*	1169.30*	1247.20*	1247.20*	53
54 APPENDECTOMY				656.20*	623.60*	650.00*	549.00*	630.80*	54
55 SIGMOIDOSCOPY					48.70*	39.00*	35.10*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	05	07	01	02	05	07	
56 HEMORRHOIDECTOMY					487.20*	444.30*		454.10*	56
57 CHOLECYSTECTOMY					925.70*	818.50*	701.60*		57
58 REPAIR HERNIA					545.70*	506.75*	448.25*	463.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	66.40*	55.60*	58.50*	58.50*	68.20*	77.90*	68.20*	68.20*	59
60 DILATION OF URETHRA					29.10*	23.40*	29.10*		60
61 PROSTATECTOMY - SUPRAPUBIC					1091.40*	1013.20*		1032.70*	61
62 ELECTROSECTION-PROSTATE (TUR)	1091.40*				1091.40*	1013.20*	1071.80*	1071.80*	62
63 HYSTERECTOMY					974.40*	974.40*	927.20*	848.70*	63
64 INITIAL COMPLETE EYE EXAM					36.00	32.00	36.00	36.00	64
65 COMPREHENSIVE EYE EXAM					37.60*	33.60*			65
66 EYE EXAM WITH TONOMETRY					19.50*	19.50*	14.80*	5.00	66
67 EXTRACTION OF LENS	974.40*				974.40*	974.40*	974.40*	974.40*	67
68 CHEST X-RAY - SINGLE VIEW	29.10*	24.00	29.10*	31.20*	32.10*	23.40*	23.40*		68
69 CHEST X-RAY - TWO VIEWS	35.10*	35.10*	35.10*	31.20*	32.70*	35.10*	35.00		69
70 X-RAY SPINE					60.40*	35.10*	35.10*		70
71 X-RAY HIP					42.90*	35.10*	39.00*	21.50	71
72 X-RAY UPPER GI TRACT	81.90*	45.00*	81.90*	81.90*	81.00*	81.90*	66.70*	47.00	72
73 X-RAY COLON					76.40*	70.10*	58.50*	37.00	73
74 RADIATION THERAPY-LOW VOLT					29.10*	29.10*	29.10*		74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					310.00	303.30*	310.00		77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					23.00	15.50*	27.00		79
80 NINETEEN CHEMISTRY TESTS					19.00	17.00	25.50	30.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	14.00	16.00		81
82 HEMOGLOBIN					6.00	5.00	5.70		82
83 AUTOMATED BLOOD COUNT					10.00	7.25			83
84 WHITE CELL COUNT					5.00	6.00	5.00		84
85 COMPLETE BLOOD COUNT (CBC)					10.50	9.50	13.50	14.25	85
86 CHOLESTEROL TEST					10.00	8.25	10.00		86
87 FLOCCULATION TEST					7.00	7.00		7.00	87
88 HEMATOCRIT					5.00	3.50	5.00		88
89 PLATELET COUNT (REES-ECKER)					8.20	10.00	10.50	11.00	89
90 POTASSIUM TEST - BLOOD					9.00	9.00	9.00		90
91 PROTHROMBIN TIME TEST					8.00	7.50	10.00	8.00	91
92 SEDIMENTATION RATE					7.50		6.00	9.50	92
93 BLOOD SUGAR					9.00	8.25	10.30	10.00	93
94 BUN-UREA - NITROGEN					10.00	8.25	10.00		94
95 URIC ACID					10.00	12.00	10.00		95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	3.00		96
97 PAP TEST					10.00	9.00	8.25	17.00	97
98 ROUTINE URINALYSIS					7.50	6.75	7.50	8.00	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					22.25	20.00	20.00		100
101 ELEC MONITORING-PACEMAKER					41.60*	33.00		38.40*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1271.10*	1352.00*			102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL									104
105 WALKER - RENTAL					15.10*	14.30*	14.30*	14.30*	105
106 WHEELCHAIR - RENTAL					30.70*	30.20*	30.20*	30.20*	106
107 LIQUID OXYGEN - RENTAL					44.60*	46.60*	46.60*	46.60*	107
108 HOSPITAL BED - PURCHASE					634.65*	528.50*	528.50*	528.50*	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	08	99	08	99	
1 INITIAL BRIEF OFFICE VISIT			30.00	24.80*	1
2 INITIAL LIMITED OFFICE VISIT	29.10*	39.00*	50.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT			52.20*	25.00	3
4 INITIAL COMP OFFICE VISIT	25.00	50.00	54.50*	73.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.00*	7.80*	6.00*	6.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.60*	13.70*	13.70*	13.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	19.50*	23.60*	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	18.00	28.00	19.50*	8
9 EXTENDED F/U OFFICE VISIT	25.00	29.10*	33.20*	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	58.50*	35.00	68.20*	68.20*	10
11 BRIEF FOLLOWUP HOME VISIT	29.10*	29.10*		29.10*	11
12 LIMITED FOLLOWUP HOME VISIT				40.00	12
13 INTERMDIATE F/U HOME VISIT	40.00	48.70*			13
14 EXTENDED CARE FACILITY VISIT			27.00	27.00	14
15 BRIEF F/U NURSING HOME VISIT	19.50*	15.60*			15
16 INITIAL BRIEF HOSPITAL VISIT	50.00	48.70*	47.40*	58.50*	16
17 INIT INTERMED HOSPITAL VISIT			68.20*	79.00*	17
18 INITIAL COMP HOSPITAL VISIT	87.60*	75.00	77.90*	94.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	15.60*	15.90*	14.60*	19
20 LIMITED F/U HOSPITAL VISIT	31.20*	25.00	30.00	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	15.40*	29.10*	30.00	21
22 EXTENDED F/U HOSPITAL VISIT			35.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT			32.00	29.00*	23
24 LIMITED EMERGENCY ROOM VISIT			45.00	40.00	24
25 INTERMED EMERGENCY ROOM VISIT			60.00	60.00	25
26 LIMITED CONSULTATION	45.00	37.40*	75.00	60.00	26
27 EXTENSIVE CONSULTATION			78.60*	65.10	27
28 COMPREHENSIVE CONSULTATION			68.20*	97.60*	28
29 PSYCHOTHERAPY-ONE HOUR			66.80*	40.00	29
30 PSYCHOTHERAPY-HALF HOUR			40.00*	40.00*	30
31 CHIROPRACTIC OFFICE VISIT	17.50*	15.00	12.60*	15.00	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			10.00*	19.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.10*	39.00*	35.00	29.10*	34
35 EKG-INTERPRET AND REPORT ONLY		14.00		17.50*	35
36 SPIROMETRY			35.00		36
37 ELECTROENCEPHALOGRAM (EEG)					37
38 CHEMOTHERAPY				25.00	38
39 COLLECTION OF SPECIMENS					39
40 DEBRIDEMENT OF NAILS				30.00	40
41 SKIN BIOPSY			40.00*	35.10*	41
42 CHEMOCAUTERY				19.50*	42
43 RADICAL MASTECTOMY					43
44 OPEN REDUCTION OF FRACTURE			1293.60*	1060.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	25.00	32.00	37.00*	45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			2338.40*	2586.00*	47
48 NEEDLE PUNCTURE OF BURSA			35.00	25.00	48
49 BRONCHOSCOPY				233.80*	49
50 THORACENTESIS					50
51 CATHETERIZATION OF HEART				584.60*	51
52 INSERTION OF PACEMAKER				1461.60*	52
53 PARTIAL COLECTOMY			1060.10*	1013.20*	53
54 APPENDECTOMY	656.20*	607.90*	571.10*	596.80*	54
55 SIGMOIDOSCOPY			31.20*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARIZONA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	08	99	08	99	
56 HEMORRHOIDECTOMY			444.30*	300.00*	56
57 CHOLECYSTECTOMY				779.50*	57
58 REPAIR HERNIA			463.80*	487.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	60.40*	58.50*	66.40*	68.20*	59
60 DILATION OF URETHRA			15.60*	29.10*	60
61 PROSTATECTOMY - SUPRAPUBIC			982.00*	1032.70*	61
62 ELECTROSECTION-PROSTATE (TUR)			1060.10*	1071.80*	62
63 HYSTERECTOMY			851.10*	874.40*	63
64 INITIAL COMPLETE EYE EXAM			31.20*	33.60	64
65 COMPREHENSIVE EYE EXAM				43.00*	65
66 EYE EXAM WITH TONOMETRY			15.90*	15.90*	66
67 EXTRACTION OF LENS			974.40*	974.40*	67
68 CHEST X-RAY - SINGLE VIEW	21.40*	27.00	23.90*	14.00*	68
69 CHEST X-RAY - TWO VIEWS	21.40*	35.10*	35.10*	33.20*	69
70 X-RAY SPINE			42.00	33.00*	70
71 X-RAY HIP			42.40*	45.60*	71
72 X-RAY UPPER GI TRACT		85.00	80.80*	77.90*	72
73 X-RAY COLON			76.80*	71.30*	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD					77
78 CAT SCAN - ABDOMEN					78
79 THREE CHEMISTRY TESTS			25.00*	25.00*	79
80 NINETEEN CHEMISTRY TESTS			25.00	24.00	80
81 CULTURE - OTHER THAN BLOOD			30.00	13.00	81
82 HEMOGLOBIN			5.00	5.00	82
83 AUTOMATED BLOOD COUNT			10.00	10.00	83
84 WHITE CELL COUNT			5.00	6.00	84
85 COMPLETE BLOOD COUNT (CBC)			9.50	13.50	85
86 CHOLESTEROL TEST			10.00	11.10*	86
87 FLOCCULATION TEST					87
88 HEMATOCRIT			7.00	5.00	88
89 PLATELET COUNT (REES-ECKER)			7.00	10.00	89
90 POTASSIUM TEST - BLOOD			10.00	12.00	90
91 PROTHROMBIN TIME TEST			10.00	10.00	91
92 SEDIMENTATION RATE			8.00	8.00	92
93 BLOOD SUGAR			10.00	10.00	93
94 BUN-UREA - NITROGEN			10.00	10.00	94
95 URIC ACID			10.00	13.00	95
96 FECES-OCCULT BLOOD-SCREENING			10.00	7.00	96
97 PAP TEST			11.00	11.00	97
98 ROUTINE URINALYSIS			7.70	8.00	98
99 CHEMICAL URINALYSIS					99
100 PATHOLOGY - THREE SPECIMENS				29.00	100
101 ELEC MONITORING-PACEMAKER				38.40*	101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL					104
105 WALKER - RENTAL			14.30*	14.30*	105
106 WHEELCHAIR - RENTAL			30.20*	31.50	106
107 LIQUID OXYGEN - RENTAL				46.60*	107
108 HOSPITAL BED - PURCHASE			580.00*	528.50	108
109 WALKER - PURCHASE					109
110 WHEELCHAIR - PURCHASE					110

ARKANSAS

ARKANSAS



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARKANSAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT			1
2 INITIAL LIMITED OFFICE VISIT	25.00	31.00	2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	9.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.70*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT	15.60*	19.50*	8
9 EXTENDED F/U OFFICE VISIT	29.20*	25.00	9
10 COMP FOLLOWUP OFFICE VISIT	39.00*	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT	25.00	35.00	13
14 EXTENDED CARE FACILITY VISIT		19.50*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT			16
17 INIT INTERMED HOSPITAL VISIT		58.50*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	10.00*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	20.00	29.00	21
22 EXTENDED F/U HOSPITAL VISIT		39.00*	22
23 BRIEF EMERGENCY ROOM VISIT		29.20*	23
24 LIMITED EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT		28.20*	25
26 LIMITED CONSULTATION	48.70*	67.00	26
27 EXTENSIVE CONSULTATION			27
28 COMPREHENSIVE CONSULTATION		81.90*	28
29 PSYCHOTHERAPY-ONE HOUR		68.20*	29
30 PSYCHOTHERAPY-HALF HOUR		39.00*	30
31 CHIROPRACTIC OFFICE VISIT		11.70*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT			33
34 ELECTROCARDIOGRAM (EKG)	27.00	23.40*	34
35 EKG-INTERPRET AND REPORT ONLY	10.70*	12.00	35
36 SPIROMETRY		42.00	36
37 ELECTROENCEPHALOGRAM (EEG)		73.90*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		6.00	39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY		29.20*	41
42 CHEMOCAUTERY		58.50*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1169.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	48.70*	29.20*	45
46 CORONARY ARTERY BYPASS		3786.20*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1948.80*	47
48 NEEDLE PUNCTURE OF BURSA		27.90	48
49 BRONCHOSCOPY		175.40*	49
50 THORACENTESIS		48.70*	50
51 CATHERIZATION OF HEART		650.00	51
52 INSERTION OF PACEMAKER		760.00	52
53 PARTIAL COLECTOMY		974.50*	53
54 APPENDECTOMY	389.80*	389.80*	54
55 SIGMOIDOSCOPY		50.00	55

1983 PREVAILING CHARGE SUMMARY DATA ARKANSAS B/C-B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ARKANSAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		438.50*	56
57 CHOLECYSTECTOMY		682.10*	57
58 REPAIR HERNIA		487.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	85.00	85.00	59
60 DILATION OF URETHRA		22.00	60
61 PROSTATECTOMY - SUPRAPUBIC		779.60*	61
62 ELECTROSECTION-PROSTATE (TUR)	828.30*	828.30*	62
63 HYSTERECTOMY		877.00*	63
64 INITIAL COMPLETE EYE EXAM		35.00	64
65 COMPREHENSIVE EYE EXAM		29.20*	65
66 EYE EXAM WITH TONOMETRY		12.00	66
67 EXTRACTION OF LENS		682.10*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	19.50*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	31.00	69
70 X-RAY SPINE		60.00	70
71 X-RAY HIP		29.20*	71
72 X-RAY UPPER GI TRACT	65.00	63.00	72
73 X-RAY COLON		68.00	73
74 RAOIATION THERAPY-LOW VOLT		35.00	74
75 RADIATION THERAPY-SUPER VOLT		54.00	75
76 RAOIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN		30.00*	78
79 THREE CHEMISTRY TESTS		15.00	79
80 NINETEEN CHEMISTRY TESTS		30.00	80
81 CULTURE - OTHER THAN BLOOD		24.00	81
82 HEMOGLOBIN		4.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		3.80L	84
85 COMPLETE BLOOD COUNT (CBC)		10.00L	85
86 CHOLESTEROL TEST		8.00L	86
87 FLOCCULATION TEST			87
88 HEMATOCRIT		3.50L	88
89 PLATELET COUNT (REES-ECKER)		9.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		7.50L	91
92 SEDIMENTATION RATE		5.20L	92
93 BLOOD SUGAR		7.00L	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		7.00	96
97 PAP TEST		8.00L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER		43.90*	101
102 DONOR NEPHRECTOMY-UNILATERAL		974.50*	102
103 KIDNEY TRANSPLANT		1847.40*	103
104 HOSPITAL BED - RENTAL		50.50L	104
105 WALKER - RENTAL		20.63	105
106 WHEELCHAIR - RENTAL		14.42	106
107 LIQUID OXYGEN - RENTAL		34.00L	107
108 HOSPITAL BED - PURCHASE		145.00	108
109 WALKER - PURCHASE		425.00L	109
110 WHEELCHAIR - PURCHASE		150.00	110

CALIFORNIA

CALIFORNIA



Twenty-eight Localities - Conform to PSRO Areas:
Blue Shield handles all of 1-15, and 27

Occidental handles 16-28 (except for 27)

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSR0-01	PSR0-02	PSR0-03	PSR0-04	PSR0-01	PSR0-02	PSR0-03	PSR0-04	
1 INITIAL BRIEF OFFICE VISIT					29.24*	29.24*	29.24*	29.24*	1
2 INITIAL LIMITED OFFICE VISIT	30.00	35.00	35.00	35.00	38.00	35.00	45.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT					65.00	63.00	58.47*	60.00	3
4 INITIAL COMP OFFICE VISIT	87.71*	80.00	87.71*	87.71*	95.50*	87.71*	93.55*	95.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.00	11.69*	13.64*	11.69*	12.00	8.00	13.64*	11.69*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.59*	15.59*	19.49*	15.59*	17.54*	15.59*	19.00	17.54*	6
7 LIMITED FOLLOWUP OFFICE VISIT	22.00	22.00	19.49*	23.39*	23.39*	23.39*	23.39*	23.39*	7
8 INTERMEDIATE F/U OFFICE VISIT	29.24*	28.00	29.24*	25.00	29.24*	28.00	29.24*	25.00	8
9 EXTENDED F/U OFFICE VISIT	40.93*	37.00	45.00	41.00	46.00	27.00	48.73*	44.00	9
10 COMP FOLLOWUP OFFICE VISIT	62.37*	60.00	58.47*	62.00	68.00	73.09*	68.22*	58.47*	10
11 BRIEF FOLLOWUP HOME VISIT	29.24*	29.24*	36.54*	29.24*	33.33*	22.22*	34.69*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT					34.69*	34.69*	36.06*	34.69*	12
13 INTERMEDIATE F/U HOME VISIT	34.11*	29.24*	48.73*	40.93*	38.98*	38.98*	38.00	38.98*	13
14 EXTENDED CARE FACILITY VISIT					26.12*	19.49*	27.00	22.41*	14
15 BRIEF F/U NURSING HOME VISIT	26.31*	26.31*	29.24*	21.93*	26.90*	22.41*	29.82*	22.41*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.73*	48.73*	48.73*	58.00	48.73*	48.73*	48.73*	60.00	16
17 INIT INTERMED HOSPITAL VISIT					68.22*	73.09*	77.96*	68.22*	17
18 INITIAL COMP HOSPITAL VISIT	87.71*	81.86*	97.45*	81.86*	105.00	91.60*	97.45*	95.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.49*	19.49*	20.00	19.49*	19.49*	19.49*	22.50	23.39*	19
20 LIMITED F/U HOSPITAL VISIT	28.00	25.00	25.34*	26.00	28.00	30.00	29.24*	30.00	20
21 INTERMED F/U HOSPITAL VISIT	34.00	29.24*	29.24*	29.24*	35.00	29.24*	33.13*	29.24*	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	40.00	68.22*	30.00*	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	29.82*	35.00	32.94*	23
24 LIMITED EMERGENCY ROOM VISIT					44.83*	40.00	44.83*	37.42*	24
25 INTERMED EMERGENCY ROOM VISIT					68.00	65.00	75.00	57.50	25
26 LIMITED CONSULTATION	45.00	48.73*	48.73*	58.47*	52.62*	48.73*	62.00	55.00	26
27 EXTENSIVE CONSULTATION					90.00	81.00	77.96*	80.00	27
28 COMPREHENSIVE CONSULTATION					116.94*	102.00	116.94*	97.45*	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	68.22*	68.22*	68.22*	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	38.98*	38.98*	30.00*	30
31 CHIROPRACTIC OFFICE VISIT	15.53*	15.53*	19.43*	15.86*	14.62*	14.62*	19.00*	14.62*	31
32 INITIAL PHYSIOTHERAPY					19.43*	15.00	28.00	20.72*	32
33 F/U PODIATRIC OFFICE VISIT					18.00	20.00	19.49*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	40.00	37.00	33.00	36.00	36.00	40.00	38.98*	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	25.00	22.50	21.93*	22.50	22.00	22.00	17.54*	21.00	35
36 SPIROMETRY					29.24*	29.24*	30.00	29.24*	36
37 ELECTROENCEPHALOGRAM (EEG)					97.45*	97.45*	97.45*	97.45*	37
38 CHEMOTHERAPY					10.00	15.00	9.78*	12.36*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					30.00	30.00	30.00	30.00	40
41 SKIN BIOPSY					48.73*	52.62*	48.00	48.73*	41
42 CHEMOCAUTERY					9.20	9.20	9.20	9.20	42
43 RADICAL MASTECTOMY					955.01*	935.52*	974.50*	999.45*	43
44 OPEN REDUCTION OF FRACTURE					1257.11*	1285.76*	1414.39*	1301.15*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.08*	35.08*	35.08*	33.72*	32.50	40.93*	35.08*	35.00	45
46 CORONARY ARTERY BYPASS					4879.42*	4879.42*	4879.42*	4879.42*	46
47 TOTAL ARTIFICIAL HIP REPLACE					3118.40*	3118.40*	3118.40*	3118.40*	47
48 NEEDLE PUNCTURE OF BURSA					28.46*	22.80*	28.46*	26.31*	48
49 BRONCHOSCOPY					210.49*	233.88*	248.50*	292.35*	49
50 THORACENTESIS					42.10*	46.78*	48.73*	46.78*	50
51 CATHETERIZATION OF HEART					613.94*	613.94*	613.94*	613.94*	51
52 INSERTION OF PACEMAKER					1813.27*	1813.27*	1813.27*	1813.27*	52
53 PARTIAL COLECTOMY					1138.22*	1215.01*	1280.49*	1177.98*	53
54 APPENDECTOMY	751.20*	678.04*	712.36*	673.50*	555.47*	555.47*	648.04*	613.94*	54
55 SIGMOIDOSCOPY					38.40*	42.68*	42.68*	42.68*	55

1983 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-D1	PSRO-D2	PSRO-03	PSRO-04	PSRO-01	PSRO-D2	PSRO-03	PSRO-04	
56 HEMORRHOIDECTOMY					409.29*	409.29*	526.23*	438.53*	56
57 CHOLECYSTECTOMY					877.05*	932.60*	1100.00	935.52*	57
58 REPAIR HERNIA					584.70*	584.70*	613.94*	672.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	71.24*	82.89*	80.00	77.71*	64.90*	72.11*	70.00	67.83*	59
60 DILATION OF URETHRA					35.00	32.00	31.18*	30.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1091.44*	1169.40*	1247.36*	1247.36*	61
62 ELECTROSECTION-PROSTATE (TUR)	1269.29*	1321.09*	1489.46*	1340.52*	1169.40*	1247.36*	1364.30*	1169.40*	62
63 HYSTERECTOMY					1071.95*	1052.46*	1227.87*	1071.95*	63
64 INITIAL COMPLETE EYE EXAM					47.00	48.00	48.73*	48.00	64
65 COMPREHENSIVE EYE EXAM					54.57*	38.98*	46.78*	38.98*	65
66 EYE EXAM WITH TONOMETRY					19.49*	16.57*	20.00	17.54*	66
67 EXTRACTION OF LENS	1424.70*	1068.54*	1165.68*	1165.68*	1206.82*	1025.76*	1131.39*	995.55*	67
68 CHEST X-RAY - SINGLE VIEW	29.00	28.00	30.00	27.00	29.24*	28.00	32.00	29.24*	68
69 CHEST X-RAY - TWO VIEWS	40.93*	40.93*	35.08*	38.98*	38.98*	38.98*	38.98*	38.98*	69
70 X-RAY SPINE					77.96*	76.01*	73.09*	83.81*	70
71 X-RAY HIP					46.78*	40.93*	48.73*	44.83*	71
72 X-RAY UPPER GI TRACT	89.00	85.48*	89.00	89.00	87.71*	81.86*	87.71*	89.00	72
73 X-RAY COLON					77.96*	70.16*	81.86*	76.99*	73
74 RADIATION THERAPY-LOW VOLT	42.00	42.00	42.00	42.00	42.00	42.00	42.00	42.00	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					277.73*	277.30*	279.86*	280.27*	77
78 CAT SCAN - ABDOMEN					369.96*	369.37*	370.00	370.00	78
79 THREE CHEMISTRY TESTS					31.00	27.00	34.00	25.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	28.00	50.00	28.00	80
81 CULTURE - OTHER THAN BLOOD					8.00	14.00	14.00	15.00	81
82 HEMOGLOBIN					6.50	6.00	6.50	6.00	82
83 AUTOMATED BLOOD COUNT					7.00	7.00	7.00	7.00	83
84 WHITE CELL COUNT					4.00	4.00	5.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)					14.00	14.00	11.00	12.00	85
86 CHOLESTEROL TEST					8.50L	8.00L	13.00	10.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					5.25	4.00	5.25	6.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	11.00	13.50	10.00	89
90 POTASSIUM TEST - BLOOD					18.00	18.00	18.00	18.00	90
91 PROTHROMBIN TIME TEST					6.50L	7.00L	8.00L	8.50L	91
92 SEDIMENTATION RATE					6.00L	7.00L	7.50L	7.00L	92
93 BLOOD SUGAR					11.00	11.00	9.50	12.50	93
94 BUN-UREA - NITROGEN					8.50L	9.00L	10.50L	8.00L	94
95 URIC ACID					9.00L	10.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					14.00	14.00	14.00	14.00	97
98 ROUTINE URINALYSIS					6.00L	6.00L	7.00L	6.00L	98
99 CHEMICAL URINALYSIS					5.00	5.00	9.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					35.00	35.00	35.00	35.00	100
101 ELEC MONITORING-PACEMAKER					36.45*	36.27*	38.41*	42.02*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1243.38*	1243.38*	1243.38*	1243.38*	102
103 KIDNEY TRANSPLANT					2331.34*	2331.34*	2331.34*	2331.34*	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					74.60	74.60	74.60	74.60	107
108 HOSPITAL BED - PURCHASE					635.00	635.00	635.00	635.00	108
109 WALKER - PURCHASE					55.00	55.00	55.00	55.00	109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

1983 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSR0-05	PSR0-06	PSR0-07	PSR0-08	PSR0-05	PSR0-06	PSR0-07	PSR0-08	
1 INITIAL BRIEF OFFICE VISIT					29.24*	33.13*	32.00	30.00	1
2 INITIAL LIMITED OFFICE VISIT	40.00	42.00	38.00	40.00	40.00	48.73*	40.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					60.00	60.00	68.22*	68.22*	3
4 INITIAL COMP OFFICE VISIT	80.00	77.96*	81.86*	81.86*	97.45*	97.45*	97.45*	81.86*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.59*	13.64*	12.67*	11.69*	14.00	13.64*	11.69*	12.67*	5
6 BRIEF FOLLOWUP OFFICE VISIT	19.49*	19.49*	17.54*	15.59*	19.49*	23.39*	19.49*	15.59*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.49*	19.49*	19.49*	21.83*	23.39*	23.39*	23.39*	23.39*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	29.24*	26.00	29.24*	29.24*	29.24*	29.24*	29.24*	8
9 EXTENDED F/U OFFICE VISIT	30.00	38.00	40.00	25.00	45.00	48.73*	40.00	44.00	9
10 COMP FOLLOWUP OFFICE VISIT	65.00	58.47*	68.22*	68.22*	68.22*	77.96*	68.22*	73.09*	10
11 BRIEF FOLLOWUP HOME VISIT	29.24*	35.86*	30.00	29.24*	34.69*	34.69*	34.69*	32.50	11
12 LIMITED FOLLOWUP HOME VISIT					34.69*	34.69*	41.71*	34.69*	12
13 INTERMDIATE F/U HOME VISIT	38.98*	43.85*	38.98*	45.00	38.98*	38.98*	38.98*	35.00	13
14 EXTENDEO CARE FACILITY VISIT					26.90*	26.90*	27.68*	20.85*	14
15 BRIEF F/U NURSING HOME VISIT	29.24*	26.31*	29.24*	26.31*	29.82*	29.82*	29.82*	29.04*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.73*	58.47*	58.47*	48.73*	48.73*	58.47*	55.00	48.73*	16
17 INIT INTERMED HOSPITAL VISIT					74.06*	68.22*	68.22*	70.16*	17
18 INITIAL COMP HOSPITAL VISIT	97.45*	87.71*	87.71*	87.71*	97.45*	97.45*	97.45*	95.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.49*	23.39*	19.49*	19.49*	20.00	29.00	22.00	19.00	19
20 LIMITED F/U HOSPITAL VISIT	29.24*	27.29*	27.29*	29.00	29.24*	29.24*	29.24*	27.29*	20
21 INTERMED F/U HOSPITAL VISIT	29.24*	24.36*	24.36*	29.24*	29.24*	29.24*	29.24*	29.24*	21
22 EXTENDED F/U HOSPITAL VISIT					45.00	50.00	38.98*	48.73*	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	35.00	35.00	35.00	23
24 LIMITED EMERGENCY ROOM VISIT					37.50	44.83*	50.00	37.42*	24
25 INTERMED EMERGENCY ROOM VISIT					65.00	65.00	73.09*	65.00	25
26 LIMITED CONSULTATION	48.73*	48.73*	50.00	43.85*	68.22*	58.47*	65.00	40.93*	26
27 EXTENSIVE CONSULTATION					77.96*	82.50	87.71*	68.22*	27
28 COMPREHENSIVE CONSULTATION					97.45*	116.94*	102.32*	95.50*	28
29 PSYCHOTHERAPY-ONE HOUR					68.22*	68.22*	68.22*	68.22*	29
30 PSYCHOTHERAPY-HALF HOUR					38.98*	38.98*	34.11*	38.98*	30
31 CHIROPRACTIC OFFICE VISIT	19.43*	19.43*	19.43*	15.53*	17.54*	17.54*	17.54*	14.62*	31
32 INITIAL PHYSIOTHERAPY					25.00	22.02*	20.00	26.43*	32
33 F/U PODIATRIC OFFICE VISIT					19.49*	19.49*	20.00	18.00	33
34 ELECTROCARDIOGRAM (EKG)	35.00	35.00	37.00	40.00	35.00	36.00	37.50	40.93*	34
35 EKG-INTERPRET AND REPORT ONLY	21.93*	21.93*	22.50	22.50	15.00	19.49*	21.00	21.00	35
36 SPIROMETRY					29.24*	29.24*	29.24*	29.24*	36
37 ELECTROENCEPHALOGRAM (EEG)					97.45*	97.45*	97.45*	97.45*	37
38 CHEMOTHERAPY					10.00	11.21*	11.93*	9.57*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					30.00	29.24*	30.00	30.00	40
41 SKIN BIOPSY					55.00	44.83*	48.73*	48.73*	41
42 CHEMOCAUTERY					9.20	10.50	11.50*	9.20	42
43 RADICAL MASTECTOMY					1247.36*	1247.36*	1101.19*	1091.44*	43
44 OPEN REDUCTION OF FRACTURE					1885.85*	1571.48*	1500.15*	1257.11*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.00	35.08*	35.08*	27.29*	45.00	34.00	33.13*	29.24*	45
46 CORONARY ARTERY BYPASS					4560.00	4879.42*	4879.42*	4000.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					3118.40*	3118.40*	2728.60*	3118.40*	47
48 NEEDLE PUNCTURE OF BURSA					31.96*	28.46*	28.46*	28.46*	48
49 BRONCHOSCOPY					292.35*	292.35*	292.35*	292.35*	49
50 THORACENTESIS					58.47*	52.62*	52.62*	52.62*	50
51 CATHERIZATION OF HEART					613.94*	613.94*	613.94*	613.94*	51
52 INSERTION OF PACEMAKER					1813.27*	1813.27*	1813.27*	1813.27*	52
53 PARTIAL COLECTOMY					1365.86*	1486.89*	1280.49*	1024.39*	53
54 APPENDECTOMY	751.20*	751.20*	751.20*	647.59*	740.62*	666.56*	701.64*	648.04*	54
55 SIGMOIDOSCOPY					49.89*	42.68*	49.89*	38.40*	55

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CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-05	PSRO-06	PSRO-07	PSRO-08	PSRO-05	PSRO-06	PSRO-07	PSRO-08	
56 HEMORRHOIDECTOMY					545.72*	545.72*	535.98*	467.76*	56
57 CHOLECYSTECTOMY					1160.00	1100.00	993.99*	847.82*	57
58 REPAIR HERNIA					682.15*	682.15*	613.94*	535.98*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	94.00	90.00	84.20*	71.24*	86.54*	79.32*	82.25*	68.60*	59
60 DILATION OF URETHRA					32.50	29.24*	25.34*	33.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1656.65*	1315.58*	1364.30*	1315.58*	61
62 ELECTROSECTION-PROSTATE (TUR)	1554.23*	1554.23*	1489.46*	1380.00	1559.20*	1559.20*	1266.85*	1325.32*	62
63 HYSTERECTOMY					1364.30*	1364.30*	1120.68*	1052.46*	63
64 INITIAL COMPLETE EYE EXAM					55.00	50.00	45.00	54.57*	64
65 COMPREHENSIVE EYE EXAM					54.57*	46.78*	46.78*	40.00	65
66 EYE EXAM WITH TONOMETRY					23.39*	19.49*	19.49*	19.49*	66
67 EXTRACTION OF LENS	1424.70*	1295.19*	1295.19*	1230.42*	1508.53*	1282.25*	1282.25*	1206.82*	67
68 CHEST X-RAY - SINGLE VIEW	29.24*	29.24*	29.24*	29.24*	29.24*	29.24*	33.00	27.50	68
69 CHEST X-RAY - TWO VIEWS	35.08*	35.08*	35.08*	35.08*	38.98*	40.93*	37.03*	38.01*	69
70 X-RAY SPINE					76.01*	77.96*	77.96*	76.01*	70
71 X-RAY HIP					43.85*	46.78*	46.78*	43.85*	71
72 X-RAY UPPER GI TRACT	84.20*	89.00	82.89*	84.84*	87.71*	89.00	82.83*	74.06*	72
73 X-RAY COLON					82.83*	93.55*	77.96*	76.01*	73
74 RADIATION THERAPY-LOW VOLT	38.86*	42.00	31.09*	42.00	38.86*	42.00	31.09*	42.00	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					270.25*	277.11*	282.27*	282.99*	77
78 CAT SCAN - ABDOMEN					359.98*	369.12*	370.00	370.00	78
79 THREE CHEMISTRY TESTS					27.00	22.80	20.00	20.00	79
80 NINETEEN CHEMISTRY TESTS					34.00	29.00	40.00	39.00	80
81 CULTURE - OTHER THAN BLOOD					16.50	17.30	7.50	14.00	81
82 HEMOGLOBIN					6.50	6.50	7.50	6.50	82
83 AUTOMATED BLOOD COUNT					7.00	7.00	7.00	7.00	83
84 WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)					14.00	14.50	18.00	14.00	85
86 CHOLESTEROL TEST					9.00L	8.50L	9.00L	9.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					6.00	5.25	6.00	5.25	88
89 PLATELET COUNT (REES-ECKER)					9.50	10.00	12.00	11.50	89
90 POTASSIUM TEST - BLOOD					18.00	18.00	18.00	18.00	90
91 PROTHROMBIN TIME TEST					9.00L	6.50L	8.00L	8.25L	91
92 SEDIMENTATION RATE					7.00L	8.00L	7.50L	6.00L	92
93 BLOOD SUGAR					12.50	8.00	11.00	11.00	93
94 BUN-UREA - NITROGEN					9.00L	8.50L	10.00	9.75L	94
95 URIC ACID					8.00L	8.50L	10.00L	9.80L	95
96 FECES-OCCULT BLOOD-SCREENING					10.00	10.00	7.00	10.00	96
97 PAP TEST					12.00	14.00	14.00	15.00	97
98 ROUTINE URINALYSIS					6.00L	7.50L	7.00L	7.50L	98
99 CHEMICAL URINALYSIS					5.00	6.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					35.00	35.00	30.00	35.00	100
101 ELEC MONITORING-PACEMAKER					35.80*	36.84*	39.35*	35.43*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1243.38*	1243.38*	1243.38*	1243.38*	102
103 KIDNEY TRANSPLANT					2331.34*	2331.34*	2331.34*	2331.34*	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					74.60	74.60	74.60	74.60	107
108 HOSPITAL BED - PURCHASE					635.00	635.00	635.00	635.00	108
109 WALKER - PURCHASE					55.00	55.00	55.00	55.00	109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

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CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-09	PSRO-10	PSRO-11	PSRO-12	PSRO-09	PSRO-10	PSRO-11	PSRO-12	
1 INITIAL BRIEF OFFICE VISIT					29.24*	29.24*	27.29*	29.24*	1
2 INITIAL LIMITED OFFICE VISIT	40.00	40.00	40.00	37.00	45.00	36.00	45.00	40.00	2
3 INITIAL INTERMED OFFICE VISIT					68.22*	60.00	58.47*	65.00	3
4 INITIAL COMP OFFICE VISIT	81.86*	80.00	81.86*	95.50*	97.45*	98.00	81.86*	100.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	11.69*	11.69*	12.00	14.62*	11.69*	10.00	10.72*	5
6 BRIEF FOLLOWUP OFFICE VISIT	17.54*	15.59*	15.59*	15.59*	19.49*	19.49*	15.59*	19.49*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.49*	21.44*	21.44*	21.44*	23.39*	21.44*	21.44*	23.39*	7
8 INTERMEDIATE F/U OFFICE VISIT	27.00	28.00	29.24*	29.24*	29.24*	29.24*	29.24*	29.24*	8
9 EXTENDED F/U OFFICE VISIT	35.00	38.00	40.93*	38.98*	40.00	42.00	40.93*	40.93*	9
10 COMP FOLLOWUP OFFICE VISIT	58.47*	54.57*	58.47*	48.73*	68.22*	58.47*	58.47*	77.96*	10
11 BRIEF FOLLOWUP HOME VISIT	29.24*	25.34*	29.24*	27.29*	34.69*	34.69*	34.69*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT					33.33*	34.69*	34.69*	34.69*	12
13 INTERMEDIATE F/U HOME VISIT	38.98*	31.57*	38.98*	43.85*	38.98*	38.98*	38.98*	38.98*	13
14 EXTENDED CARE FACILITY VISIT					25.34*	20.85*	20.07*	22.41*	14
15 BRIEF F/U NURSING HOME VISIT	26.31*	21.93*	26.31*	26.31*	29.82*	29.82*	29.82*	26.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	58.47*	48.73*	48.73*	48.73*	68.22*	58.47*	48.73*	65.00	16
17 INIT INTERMED HOSPITAL VISIT					73.09*	70.16*	70.16*	75.00	17
18 INITIAL COMP HOSPITAL VISIT	97.45*	81.86*	81.86*	87.71*	97.45*	81.86*	81.86*	97.45*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.49*	17.54*	15.59*	19.49*	25.00	19.49*	15.59*	20.00	19
20 LIMITED F/U HOSPITAL VISIT	25.34*	26.00	27.29*	27.29*	29.24*	26.00	23.39*	29.50	20
21 INTERMED F/U HOSPITAL VISIT	29.24*	36.00	40.93*	31.18*	29.24*	29.24*	24.00*	33.00	21
22 EXTENDED F/U HOSPITAL VISIT					55.00	48.73*	46.78*	49.00	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	35.00	29.82*	35.00	23
24 LIMITED EMERGENCY ROOM VISIT					44.83*	44.83*	44.83*	37.42*	24
25 INTERMED EMERGENCY ROOM VISIT					58.47*	65.00	65.00	65.00	25
26 LIMITED CONSULTATION	50.00	48.73*	48.73*	46.78*	48.73*	58.47*	48.73*	46.78*	26
27 EXTENSIVE CONSULTATION					77.96*	75.00	68.22*	68.22*	27
28 COMPREHENSIVE CONSULTATION					97.45*	95.50*	95.50*	107.20*	28
29 PSYCHOTHERAPY-ONE HOUR					68.22*	68.22*	68.22*	75.00	29
30 PSYCHOTHERAPY-HALF HOUR					38.98*	38.98*	38.98*	35.00	30
31 CHIROPRACTIC OFFICE VISIT	19.43*	15.53*	18.13*	15.53*	17.54*	14.62*	14.62*	14.62*	31
32 INITIAL PHYSIOTHERAPY					25.90*	27.21*	23.31*	23.50	32
33 F/U PODIATRIC OFFICE VISIT					19.49*	15.00	17.00	21.44*	33
34 ELECTROCARDIOGRAM (EKG)	38.00	38.98*	40.00	40.00	37.00	35.08*	40.00	36.00	34
35 EKG-INTERPRET AND REPORT ONLY	21.93*	22.00	22.50	20.46*	18.00	20.00	25.00	17.54*	35
36 SPIROMETRY					29.24*	29.24*	29.24*	30.00*	36
37 ELECTROENCEPHALOGRAM (EEG)					97.45*	97.45*	97.45*	97.45*	37
38 CHEMOTHERAPY					7.46*	12.69*	12.26*	10.15*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					30.00	30.00	30.00	30.00	40
41 SKIN BIOPSY					52.00	46.78*	48.73*	46.78*	41
42 CHEMOCAUTERY					9.20	9.20	9.20	9.20	42
43 RADICAL MASTECTOMY					1091.44*	1091.44*	818.58*	974.50*	43
44 OPEN REDUCTION OF FRACTURE					1664.25*	1257.11*	1257.11*	1257.11*	44
45 ARTHROCENTESIS-MAJOR JOINT	38.98*	32.16*	27.29*	31.18*	35.00	43.85*	29.24*	31.18*	45
46 CORONARY ARTERY BYPASS					4879.42*	4879.42*	4879.42*	4879.42*	46
47 TOTAL ARTIFICIAL HIP REPLACE					3118.40*	3118.40*	3118.40*	3068.00	47
48 NEEDLE PUNCTURE OF BURSA					28.46*	28.46*	25.53*	21.44*	48
49 BRONCHOSCOPY					292.35*	240.00	292.35*	292.35*	49
50 THORACENTESIS					68.22*	52.62*	52.62*	48.73*	50
51 CATHETERIZATION OF HEART					613.94*	613.94*	613.94*	613.94*	51
52 INSERTION OF PACEMAKER					1813.27*	1813.27*	1813.27*	1813.27*	52
53 PARTIAL COLECTOMY					1280.49*	1075.65*	1138.22*	1280.49*	53
54 APPENDECTOMY	751.20*	679.97*	673.50*	673.50*	643.17*	648.04*	545.72*	623.68*	54
55 SIGMOIDOSCOPY					42.68*	49.89*	42.68*	42.68*	55

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CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-09	PSRO-10	PSRO-11	PSRO-12	PSRO-09	PSRO-10	PSRO-11	PSRO-12	
56 HEMORRHOIOECTOMY					600.00	526.23*	409.29*	526.23*	56
57 CHOLECYSTECTOMY					1037.84*	935.52*	818.58*	974.50*	57
58 REPAIR HERNIA					613.94*	535.98*	535.98*	545.72*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	103.61*	84.20*	71.24*	77.71*	77.96*	72.11*	64.90*	72.11*	59
60 OILATION OF URETHRA					31.18*	43.85*	31.00	40.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1364.30*	1315.58*	1091.44*	1364.30*	61
62 ELECTROSECTION-PROSTATE (TUR)	1554.23*	1380.00	1243.38*	1295.19*	1286.34*	1325.32*	1091.44*	1364.30*	62
63 HYSTERECTOMY					1169.40*	1169.40*	1169.40*	1091.44*	63
64 INITIAL COMPLETE EYE EXAM					48.73*	50.00	54.00	47.00	64
65 COMPREHENSIVE EYE EXAM					38.98*	46.78*	46.78*	46.78*	65
66 EYE EXAM WITH TONOMETRY					19.49*	19.49*	19.49*	22.00	66
67 EXTRACTION OF LENS	1295.19*	1200.00	1295.19*	1230.42*	1206.82*	1055.97*	1357.67*	1206.82*	67
68 CHEST X-RAY - SINGLE VIEW	29.24*	29.24*	25.00	29.24*	29.24*	25.00	27.29*	29.00	68
69 CHEST X-RAY - TWO VIEWS	37.03*	37.00	40.93*	35.08*	38.98*	38.98*	35.08*	38.98*	69
70 X-RAY SPINE					81.86*	77.96*	77.96*	77.96*	70
71 X-RAY HIP					46.78*	46.78*	46.78*	46.78*	71
72 X-RAY UPPER GI TRACT	89.00	89.00	89.00	88.72*	88.68*	87.71*	87.71*	87.71*	72
73 X-RAY COLON					77.96*	77.96*	77.96*	77.96*	73
74 RADIATION THERAPY-LOW VOLT	31.09*	42.00	42.00	42.00	31.09*	42.00	42.00	42.00	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RAOIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					284.24*	282.51*	285.68*	283.93*	77
78 CAT SCAN - ABOOMEN					370.00	370.00	370.00	370.00	78
79 THREE CHEMISTRY TESTS					22.00	17.50	20.00	32.00	79
80 NINETEEN CHEMISTRY TESTS					30.00	35.00	37.00	40.00	80
81 CULTURE - OTHER THAN BLOOD					14.00	14.00	15.00	14.00	81
82 HEMOGLOBIN					5.00	7.00	7.00	6.50	82
83 AUTOMATED BLOOD COUNT					7.00	7.00	7.00	7.00	83
84 WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)					14.00	15.00	14.00	14.00	85
86 CHOLESTEROL TEST					8.50L	9.00L	10.00L	8.50L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					8.00	5.25	5.25	5.25	88
89 PLATELET COUNT (REES-ECKER)					10.50	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					18.00	18.00	18.00	18.00	90
91 PROTHROMBIN TIME TEST					8.60L	9.00L	8.00L	7.25L	91
92 SEDIMENTATION RATE					6.00L	7.00L	7.00L	6.00L	92
93 BLOOD SUGAR					8.00	10.00	12.00	10.00	93
94 BUN-UREA - NITROGEN					8.00L	9.00L	11.00L	8.00L	94
95 URIC ACID					9.00L	9.35L	10.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					14.00	14.00	14.00	14.00	97
98 ROUTINE URINALYSIS					7.00L	6.00L	5.00L	6.50L	98
99 CHEMICAL URINALYSIS					6.00	5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					30.00	35.00	35.00	35.00	100
101 ELEC MONITORING-PACEMAKER					36.74*	35.57*	37.83*	35.78*	101
102 OONOR NEPHRECTOMY-UNILATERAL					1243.38*	1243.38*	1243.38*	1243.38*	102
103 KIDNEY TRANSPLANT					2331.34*	2331.34*	2331.34*	2331.34*	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					74.60	74.60	74.60	74.60	107
108 HOSPITAL BEO - PURCHASE					635.00	635.00	635.00	635.00	108
109 WALKER - PURCHASE					55.00	55.00	55.00	55.00	109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

1983 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE LOCALITY DESIGNATION FOR GENERAL PRACTICE					CALIFORNIA LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	PSR0-13	PSR0-14	PSR0-15	PSR0-27	PSR0-13	PSR0-14	PSR0-15	PSR0-27	
1 INITIAL BRIEF OFFICE VISIT					29.24*	31.18*	30.00	31.18*	1
2 INITIAL LIMITED OFFICE VISIT	35.00	35.00	37.00	37.00	45.00	45.00	40.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					60.00	65.00	55.00	75.00	3
4 INITIAL COMP OFFICE VISIT	70.16*	60.00	85.00	100.00	90.00	93.55*	100.00	97.45*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.47*	12.00	12.00	14.00	11.69*	13.64*	13.00	11.69*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.64*	15.59*	15.59*	15.59*	15.59*	15.59*	20.00	19.49*	6
7 LIMITED FOLLOWUP OFFICE VISIT	22.00	22.00	20.00	21.44*	23.39*	21.44*	21.44*	28.00	7
8 INTERMEDIATE F/U OFFICE VISIT	23.39*	29.24*	25.00	28.00	24.36*	31.18*	29.24*	29.24*	8
9 EXTENDED F/U OFFICE VISIT	38.98*	46.78*	33.00	36.00	38.98*	46.78*	48.00	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	47.75*	54.57*	68.22*	60.00	65.00	48.73*	68.22*	77.96*	10
11 BRIEF FOLLOWUP HOME VISIT	29.24*	29.24*	29.24*	29.24*	34.69*	34.69*	34.89*	34.89*	11
12 LIMITED FOLLOWUP HOME VISIT					34.69*	34.69*	40.00	41.71*	12
13 INTERMDIATE F/U HOME VISIT	38.98*	38.98*	31.18*	40.93*	38.98*	38.98*	38.98*	38.98*	13
14 EXTENDED CARE FACILITY VISIT					26.12*	22.41*	23.58*	22.22*	14
15 BRIEF F/U NURSING HOME VISIT	26.31*	29.24*	23.19*	28.85*	29.82*	29.82*	29.43*	29.43*	15
16 INITIAL BRIEF HOSPITAL VISIT	43.85*	48.73*	48.73*	48.73*	40.93*	48.73*	48.73*	65.00	16
17 INIT INTERMED HOSPITAL VISIT					58.47*	77.96*	85.00	77.96*	17
18 INITIAL COMP HOSPITAL VISIT	90.63*	93.55*	97.45*	93.55*	97.45*	93.55*	107.20*	97.45*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.59*	19.49*	19.49*	19.49*	17.54*	19.49*	20.00	25.00	19
20 LIMITED F/U HOSPITAL VISIT	23.39*	23.39*	27.29*	27.00	29.24*	29.24*	27.29*	29.24*	20
21 INTERMED F/U HOSPITAL VISIT	29.24*	29.36*	30.00	25.00*	29.24*	40.00	29.24*	31.18*	21
22 EXTENDED F/U HOSPITAL VISIT					48.00	46.78*	48.73*	46.00	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	35.00	29.43*	22.22*	23
24 LIMITED EMERGENCY ROOM VISIT					44.83*	44.83*	44.24*	51.65*	24
25 INTERMED EMERGENCY ROOM VISIT					65.00	65.00	65.00	60.00	25
26 LIMITED CONSULTATION	43.85*	48.73*	48.73*	48.73*	58.47*	48.73*	70.00	48.73*	26
27 EXTENSIVE CONSULTATION					77.96*	77.96*	73.09*	95.00	27
28 COMPREHENSIVE CONSULTATION					95.50*	109.14*	116.94*	97.45*	28
29 PSYCHOTHERAPY-ONE HOUR					65.00	68.22*	68.22*	97.45*	29
30 PSYCHOTHERAPY-HALF HOUR					38.98*	38.98*	43.85*	58.47*	30
31 CHIROPRACTIC OFFICE VISIT	12.96*	15.53*	15.94*	17.93*	14.62*	14.62*	14.42*	14.42*	31
32 INITIAL PHYSIOTHERAPY					17.17*	28.36*	20.00	23.78*	32
33 F/U PODIATRIC OFFICE VISIT					20.00	19.49*	20.00	25.00	33
34 ELECTROCARDIOGRAM (EKG)	40.93*	37.50	35.00	35.00	35.08*	46.78*	38.98*	40.00	34
35 EKG-INTERPRET AND REPORT ONLY	21.93*	21.93*	22.50	22.50	17.54*	17.54*	28.00	19.00	35
36 SPIROMETRY					30.00*	29.24*	30.00	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)					97.45*	97.45*	114.99*	110.00	37
38 CHEMOTHERAPY					9.67*	9.61*	6.00	15.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					30.00	30.00	27.29*	27.29*	40
41 SKIN BIOPSY					46.78*	48.73*	49.70*	49.70*	41
42 CHEMOCAUTERY					9.20	9.20	6.25	9.20	42
43 RADICAL MASTECTOMY					1091.44*	1091.44*	1266.85*	1266.85*	43
44 OPEN REDUCTION OF FRACTURE					1571.48*	1485.72*	1559.20*	1633.65*	44
45 ARTHROCENTESIS-MAJOR JOINT	27.29*	35.08*	31.18*	35.50	41.50	37.50	35.00	38.98*	45
46 CORONARY ARTERY BYPASS					4879.42*	4879.42*	5244.00	5000.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					3118.40*	3118.40*	2923.50*	2923.50*	47
48 NEEDLE PUNCTURE OF BURSA					28.46*	28.46*	36.00	36.00	48
49 BRONCHOSCOPY					292.35*	292.35*	263.12*	245.57*	49
50 THORACENTESIS					52.62*	52.62*	68.22*	63.00	50
51 CATHERIZATION OF HEART					613.94*	613.94*	779.60*	779.60*	51
52 INSERTION OF PACEMAKER					1813.27*	1813.27*	1815.00	1815.00	52
53 PARTIAL COLECTOMY					1280.49*	1229.23*	1247.36*	1403.28*	53
54 APPENDECTOMY	602.26*	621.69*	770.73*	770.73*	648.04*	648.04*	623.68*	701.64*	54
55 SIGMOIDOSCOPY					37.03*	42.68*	52.62*	52.62*	55

1983 PREVAILING CHARGE SUMMARY DATA CALIFORNIA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-13	PSRO-14	PSRO-15	PSRO-27	PSRO-13	PSRO-14	PSRO-15	PSRO-27	
56 HEMORRHOIDECTOMY					526.23*	526.23*	555.47*	584.70*	56
57 CHOLECYSTECTOMY					974.50*	877.05*	1029.07*	1148.00	57
58 REPAIR HERNIA					545.72*	526.23*	649.02*	662.66*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	84.20*	77.71*	80.00	90.00	72.11*	64.90*	77.96*	81.86*	59
60 DILATION OF URETHRA					33.00	29.24*	31.18*	36.00	60
61 PROSTATECTOMY - SUPRAPUBIC					1315.58*	1315.58*	1500.00	1559.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	1424.70*	1243.38*	1528.15*	1565.00	1325.32*	1169.40*	1325.32*	1364.30*	62
63 HYSTERECTOMY					1169.40*	974.50*	1315.58*	1315.58*	63
64 INITIAL COMPLETE EYE EXAM					38.98*	38.98*	45.00	51.00	64
65 COMPREHENSIVE EYE EXAM					38.98*	38.98*	38.98*	40.00*	65
66 EYE EXAM WITH TONOMETRY					19.49*	15.59*	20.46*	20.46*	66
67 EXTRACTION OF LENS	1139.78*	1269.29*	1169.38*	1265.00	1055.97*	1116.39*	1181.09*	1266.85*	67
68 CHEST X-RAY - SINGLE VIEW	24.00	29.24*	30.00	27.29*	29.24*	29.24*	27.29*	25.34*	68
69 CHEST X-RAY - TWO VIEWS	35.08*	43.85*	40.93*	38.98*	38.98*	43.85*	40.93*	38.01*	69
70 X-RAY SPINE					77.96*	87.71*	76.01*	98.00	70
71 X-RAY HIP					46.78*	56.00	46.78*	42.88*	71
72 X-RAY UPPER GI TRACT	89.00	85.48*	89.00	87.71*	87.71*	87.71*	87.71*	87.71*	72
73 X-RAY COLON					77.96*	77.96*	70.16*	87.71*	73
74 RADIATION THERAPY-LOW VOLT	42.00	42.00	34.56*	45.00	42.00	42.00	34.56*	45.00	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					280.01*	280.58*	313.50	313.50	77
78 CAT SCAN - ABDOMEN					370.00	370.00	370.00	370.00	78
79 THREE CHEMISTRY TESTS					20.00	26.00	18.00	28.00	79
80 NINETEEN CHEMISTRY TESTS					38.00	40.00	44.00	40.00	80
81 CULTURE - OTHER THAN BLOOD					14.00	14.00	14.00	6.50	81
82 HEMOGLOBIN					6.50	6.50	5.00	6.50	82
83 AUTOMATED BLOOD COUNT					7.00	7.00	7.00	7.00	83
84 WHITE CELL COUNT					4.00	4.00	4.00	4.00	84
85 COMPLETE BLOOD COUNT (CBC)					14.00	23.00	15.00	17.00	85
86 CHOLESTEROL TEST					8.00L	10.35L	10.00L	9.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					5.25	5.25	5.25	5.25	88
89 PLATELET COUNT (REES-ECKER)					8.25	11.20	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					18.00	18.00	18.00	18.00	90
91 PROTHROMBIN TIME TEST					8.00L	9.80L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	7.50L	7.00L	6.00L	92
93 BLOOD SUGAR					15.00	20.00	11.00	10.00	93
94 BUN-UREA - NITROGEN					8.00L	10.45L	8.50L	8.00L	94
95 URIC ACID					8.00L	11.00L	7.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					10.00	10.00	10.00	10.00	96
97 PAP TEST					14.00	14.00	14.00	15.00	97
98 ROUTINE URINALYSIS					6.00L	6.50L	6.00L	7.00L	98
99 CHEMICAL URINALYSIS					5.00	6.00	8.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					26.00	35.00	35.00	30.00	100
101 ELEC MONITORING-PACEMAKER					35.73*	34.44*	46.66*	45.33*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1243.38*	1243.38*	1800.00	1800.00	102
103 KIDNEY TRANSPLANT					2331.34*	2331.34*	2391.89*	2391.89*	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					18.00	18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					74.60	74.60	74.60	74.60	107
108 HOSPITAL BED - PURCHASE					635.00	635.00	635.00	635.00	108
109 WALKER - PURCHASE					55.00	55.00	55.00	55.00	109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

1983 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-16	PSRO-17	PSRO-18	PSRO-19	
1 INITIAL BRIEF OFFICE VISIT					30.00	31.20*	35.00	38.00	1
2 INITIAL LIMITED OFFICE VISIT	35.00	30.00	35.00	40.00	40.00	48.00	40.00	60.00	2
3 INITIAL INTERMED OFFICE VISIT					65.00	62.00	60.00	58.50*	3
4 INITIAL COMP OFFICE VISIT	80.00	99.40*	116.90*	87.70*	90.00	101.30*	97.50*	97.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.00	11.70*	15.00	15.60*	12.00	12.50*	15.00	15.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.60*	15.60*	19.50*	19.50*	19.50*	21.00	24.40*	23.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	21.00	25.00	24.40*	23.40*	24.40*	25.30*	29.20*	23.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.00	27.00	25.00	30.00	30.00	32.00	29.20*	31.20*	8
9 EXTENDED F/U OFFICE VISIT	35.00	35.00	35.00	35.00	48.00	40.00	40.00	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	68.20*	66.30*	87.70*	68.20*	73.10*	66.30*	78.00*	95.00	10
11 BRIEF FOLLOWUP HOME VISIT	30.00	31.20*	30.00	35.00	34.90*	34.90*	34.90*	34.90*	11
12 LIMITED FOLLOWUP HOME VISIT					38.00	40.00	35.00	41.70*	12
13 INTERMDIATE F/U HOME VISIT	40.90*	39.00*	39.00*	40.00	39.00*	39.00*	39.00*	39.00*	13
14 EXTENDED CARE FACILITY VISIT					25.10*	23.60*	27.00	25.80*	14
15 BRIEF F/U NURSING HOME VISIT	25.90*	23.20*	28.80*	28.80*	23.60*	28.10*	29.40*	35.00	15
16 INITIAL BRIEF HOSPITAL VISIT	49.70*	48.70*	60.00	60.00	52.60*	48.70*	50.00	50.00	16
17 INIT INTERMED HOSPITAL VISIT					78.00*	78.00*	95.00	87.70*	17
18 INITIAL COMP HOSPITAL VISIT	95.00	93.60*	100.00	97.50*	97.50*	111.10*	97.50*	97.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	25.00	23.40*	19.50*	23.40*	25.00	25.00	19
20 LIMITED F/U HOSPITAL VISIT	25.00	27.00	30.00	30.00	29.20*	31.00	29.20*	31.20*	20
21 INTERMED F/U HOSPITAL VISIT	35.10*	29.20*	29.20*	19.50*	29.20*	33.10*	29.20*	29.20*	21
22 EXTENDED F/U HOSPITAL VISIT					55.00	50.00	39.00*	39.00*	22
23 BRIEF EMERGENCY ROOM VISIT					29.40*	29.40*	35.00	35.00	23
24 LIMITED EMERGENCY ROOM VISIT					38.40*	44.20*	39.80*	45.00	24
25 INTERMED EMERGENCY ROOM VISIT					71.50	70.00	60.00	65.00	25
26 LIMITED CONSULTATION	48.70*	50.00	35.00	50.00	52.60*	68.20*	60.00	70.00	26
27 EXTENSIVE CONSULTATION					87.70*	78.00*	90.00	95.00	27
28 COMPREHENSIVE CONSULTATION					107.20*	111.10*	146.20*	116.90*	28
29 PSYCHOTHERAPY-ONE HOUR					68.20*	75.00	87.70*	80.90*	29
30 PSYCHOTHERAPY-HALF HOUR					50.00	35.00	45.00	48.70*	30
31 CHIROPRACTIC OFFICE VISIT					14.40*	17.30*	17.30*	17.30*	31
32 INITIAL PHYSIOTHERAPY					26.50*	26.50*	26.50*	26.50*	32
33 F/U PODIATRIC OFFICE VISIT					26.30*	23.40*	25.00	24.00	33
34 ELECTROCARDIOGRAM (EKG)	35.00	40.00	40.00	36.00	36.00	40.00	39.00*	40.00	34
35 EKG-INTERPRET AND REPORT ONLY	20.00	20.00	20.00	20.00	17.00	17.50	17.50	19.50*	35
36 SPIROMETRY					40.00	40.00	40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					110.00	80.00	100.00	106.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					49.70*	49.70*	68.20*	49.70*	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1266.90*	1266.90*	1266.90*	1266.90*	43
44 OPEN REDUCTION OF FRACTURE					1500.70*	1633.70*	1754.10*	1797.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.10*	35.10*	37.00*	40.90*	35.00	33.00	40.00	29.20*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2923.50*	2923.50*	2923.50*	2923.50*	47
48 NEEDLE PUNCTURE OF BURSA					35.00	35.00	35.00	30.00*	48
49 BRONCHOSCOPY					263.10*	263.10*	263.10*	263.10*	49
50 THORACENTESIS					48.70*	48.70*	48.70*	48.70*	50
51 CATHETERIZATION OF HEART					750.00	750.00	750.00	750.00	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1600.00	1325.30*	1559.20*	1500.70*	53
54 APPENDECTOMY					701.60*	701.60*	701.60*	701.60*	54
55 SIGMOIDOSCOPY					46.80*	52.00	50.20*	49.10*	55

PROCEDURE DESCRIPTION	PSRO-16	PSRO-17	PSRO-18	PSRO-19	PSRO-16	PSRO-17	PSRO-18	PSRO-19	
56 HEMORRHOIDECTOMY					584.70*	584.70*	584.70*	584.70*	56
57 CHOLECYSTECTOMY					1169.40*	1072.00*	1230.00	1169.40*	57
58 REPAIR HERNIA					736.70*	736.70*	779.60*	779.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					81.90*	83.40*	95.00	90.00	59
60 DILATION OF URETHRA					30.00	28.00	31.20*	58.50*	60
61 PROSTATECTOMY - SUPRAPUBIC					1559.20*	1559.20*	1624.50*	1637.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					1559.20*	1247.40*	1656.70*	1637.20*	62
63 HYSTERECTOMY					1315.60*	1315.60*	1364.30*	1473.40*	63
64 INITIAL COMPLETE EYE EXAM					50.00	48.70*	50.00	51.20*	64
65 COMPREHENSIVE EYE EXAM					58.50*	46.80*	58.50*	50.70*	65
66 EYE EXAM WITH TONOMETRY					19.50*	20.50*	19.50*	19.50*	66
67 EXTRACTION OF LENS					1364.30*	1364.30*	1500.00	1559.20*	67
68 CHEST X-RAY - SINGLE VIEW	26.00	30.00	31.20*	29.20*	35.00	29.20*	35.00	29.20*	68
69 CHEST X-RAY - TWO VIEWS	36.00	45.00	40.90*	40.00	40.90*	43.90*	40.90*	43.90*	69
70 X-RAY SPINE					88.70*	82.00	84.80*	95.00*	70
71 X-RAY HIP					47.80*	51.30*	53.60*	51.30*	71
72 X-RAY UPPER GI TRACT					95.50*	102.00	92.60*	102.00	72
73 X-RAY COLON					87.70*	87.70*	87.70*	98.40*	73
74 RADIATION THERAPY-LOW VOLT					43.30*	43.30*	43.30*	43.30*	74
75 RADIATION THERAPY-SUPER VOLT					54.60*	58.50*	54.60*	58.50*	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABOOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					39.00	44.00	40.00	40.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					7.00	7.00	7.00	6.00	82
83 AUTOMATED BLOOD COUNT					12.00	12.00	12.00	12.00	83
84 WHITE CELL COUNT					7.00	7.00	7.00	7.00	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					10.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					7.00	5.00	7.00	6.50	88
89 PLATELET COUNT (REES-ECKER)					13.00	13.00	10.00	15.00	89
90 POTASSIUM TEST - BLOOD					11.50	11.50	11.50	11.50	90
91 PROTHROMBIN TIME TEST					8.50L	9.50L	7.00L	7.75L	91
92 SEDIMENTATION RATE					6.50L	6.00L	5.00L	6.00L	92
93 BLOOD SUGAR					10.00	10.00	10.00	12.00	93
94 BUN-UREA - NITROGEN					10.00L	8.00L	9.00L	8.00L	94
95 URIC ACID					10.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					14.00	14.00	14.00	14.00	96
97 PAP TEST					15.00	15.00	11.00	15.00	97
98 ROUTINE URINALYSIS					7.15L	6.00L	6.50L	6.00L	98
99 CHEMICAL URINALYSIS					6.00	6.00	6.00	6.00	99
100 PATHOLOGY - THREE SPECIMENS							25.00	25.00	100
101 ELEC MONITORING-PACEMAKER									101
102 OONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BEO - RENTAL					69.00L	69.00L	69.00L	69.00L	104
105 WALKER - RENTAL					32.50	32.50	32.50	32.50	105
106 WHEELCHAIR - RENTAL					33.00L	33.00L	33.00L	33.00L	106
107 LIQUID OXYGEN - RENTAL					74.20	74.20	74.20	74.20	107
108 HOSPITAL BEO - PURCHASE					633.70L	633.70L	633.70L	633.70L	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

1983 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-20	PSRO-21	PSRO-22	PSRO-23	PSRO-20	PSRO-21	PSRO-22	PSRO-23	
1 INITIAL BRIEF OFFICE VISIT					35.00	35.00	39.00*	31.20*	1
2 INITIAL LIMITED OFFICE VISIT	35.00	32.00	35.00	40.00	45.00	45.00	50.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					60.00	58.50*	75.00	75.00	3
4 INITIAL COMP OFFICE VISIT	111.10*	85.00	97.50*	90.00	97.50*	97.50*	97.50*	107.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	12.00	15.00	15.00	10.00	13.00	16.00	16.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	19.50*	19.50*	19.50*	19.50*	23.40*	23.40*	25.00	23.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	23.40*	23.40*	23.40*	21.40*	29.20*	28.00	29.20*	23.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	29.20*	25.00	29.20*	25.00	33.10*	30.00	29.20*	29.20*	8
9 EXTENDED F/U OFFICE VISIT	35.00	35.00	35.00	37.00	44.00	40.00	50.00	55.00	9
10 COMP FOLLOWUP OFFICE VISIT	68.20*	75.00	68.20*	75.00	80.90*	78.00*	87.70*	90.00	10
11 BRIEF FOLLOWUP HOME VISIT	35.00	30.00	39.00*	31.20*	34.90*	34.90*	34.90*	30.00	11
12 LIMITED FOLLOWUP HOME VISIT					40.00	40.00	35.00	41.70*	12
13 INTERMDIATE F/U HOME VISIT	39.00*	39.00*	48.70*	39.00*	39.00*	39.00*	39.00*	39.00*	13
14 EXTENDED CARE FACILITY VISIT					27.00	23.60*	27.00	23.60*	14
15 BRIEF F/U NURSING HOME VISIT	28.80*	23.20*	28.80*	28.80*	29.40*	35.50*	29.40*	29.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	65.00	50.00	55.00	50.00	50.00	55.00	60.00	50.00	16
17 INIT INTERMED HOSPITAL VISIT					93.60*	78.00*	97.50*	85.00	17
18 INITIAL COMP HOSPITAL VISIT	111.10*	97.50*	97.50*	97.50*	97.50*	97.50*	97.50*	116.90*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	25.00	25.00	25.00	25.00	25.00	25.00	29.00	25.00	19
20 LIMITED F/U HOSPITAL VISIT	31.20*	29.20*	37.00	29.20*	35.10*	29.20*	39.00*	29.20*	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	29.20*	29.20*	29.20*	29.20*	29.20*	39.00*	29.20*	21
22 EXTENDED F/U HOSPITAL VISIT					39.00*	39.00*	50.00	35.00*	22
23 BRIEF EMERGENCY ROOM VISIT					35.00	35.50*	35.00	35.00	23
24 LIMITED EMERGENCY ROOM VISIT					36.80*	31.00	44.20*	36.80*	24
25 INTERMED EMERGENCY ROOM VISIT					75.00	50.00	60.00	65.00	25
26 LIMITED CONSULTATION	50.00	45.00	48.70*	50.00	50.00	60.00	60.00	60.00	26
27 EXTENSIVE CONSULTATION					97.50*	97.50*	97.50*	116.90*	27
28 COMPREHENSIVE CONSULTATION					126.70*	97.50*	146.20*	146.20*	28
29 PSYCHOTHERAPY-ONE HOUR					78.00*	97.50*	68.20*	90.00	29
30 PSYCHOTHERAPY-HALF HOUR					45.00	48.70*	50.00	55.00	30
31 CHIROPRACTIC OFFICE VISIT					17.30*	17.30*	17.30*	15.20*	31
32 INITIAL PHYSIOTHERAPY					26.50*	26.50*	26.50*	26.50*	32
33 F/U PODIATRIC OFFICE VISIT					29.20*	25.00	23.40*	25.00	33
34 ELECTROCARDIOGRAM (EKG)	40.00	40.00	40.90*	40.00	44.00	38.00	39.00*	39.00*	34
35 EKG-INTERPRET AND REPORT ONLY	20.00	20.00	20.00	20.00	17.50	25.00	17.50	15.00	35
36 SPIROMETRY					40.00	40.00	50.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					100.00	110.00	115.00	100.00	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					49.70*	53.50*	49.70*	58.50*	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1266.90*	1266.90*	1266.90*	1266.90*	43
44 OPEN REDUCTION OF FRACTURE					1782.20*	1822.30*	1960.30*	1797.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	39.00*	35.10*	35.10*	39.00*	39.00*	39.00*	38.50	29.20*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2923.50*	2923.50*	2923.50*	2923.50*	47
48 NEEDLE PUNCTURE OF BURSA					30.00*	35.00	35.00	35.00	48
49 BRONCHOSCOPY					263.10*	263.10*	263.10*	263.10*	49
50 THORACENTESIS					48.70*	48.70*	48.70*	48.70*	50
51 CATHERIZATION OF HEART					750.00	750.00	750.00	750.00	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1949.00*	1850.00	1900.30*	1920.00	53
54 APPENDECTOMY					701.60*	701.60*	701.60*	701.60*	54
55 SIGMOIDOSCOPY					54.00*	52.60*	60.00*	60.00*	55

1983 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
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CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-20	PSRO-21	PSRO-22	PSRO-23	PSRO-20	PSRO-21	PSRO-22	PSRO-23	
56 HEMORRHOIDECTOMY					584.70*	584.70*	584.70*	584.70*	56
57 CHOLECYSTECTOMY					1266.90*	1270.00	1315.60*	1169.40*	57
58 REPAIR HERNIA					779.60*	818.60*	877.10*	870.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					97.50*	90.00	106.20*	97.50*	59
60 DILATION OF URETHRA					33.10*	29.20*	29.20*	37.50	60
61 PROSTATECTOMY - SUPRAPUBIC					1612.80*	1559.20*	1897.50	1607.90*	61
62 ELECTROSECTION-PROSTATE (TUR)					1612.80*	1559.20*	1754.10*	1559.20*	62
63 HYSTERECTOMY					1656.70*	1754.10*	1364.30*	1403.30*	63
64 INITIAL COMPLETE EYE EXAM					58.00	45.00	50.00	45.00	64
65 COMPREHENSIVE EYE EXAM					46.80*	46.80*	48.70*	60.00	65
66 EYE EXAM WITH TONOMETRY					19.50*	17.50*	15.00	23.40*	66
67 EXTRACTION OF LENS					1600.00	1364.30*	1687.20*	1559.20*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	30.00	29.20*	30.00	30.00	29.20*	29.20*	34.00	68
69 CHEST X-RAY - TWO VIEWS	40.00	41.90*	42.90*	43.90*	40.90*	43.90*	40.90*	43.90*	69
70 X-RAY SPINE					84.80*	92.00	88.70*	90.00	70
71 X-RAY HIP					46.00	54.60*	46.80*	51.30*	71
72 X-RAY UPPER GI TRACT					98.40*	102.00	88.70*	102.00	72
73 X-RAY COLON					108.20*	92.60*	87.70*	87.70*	73
74 RADIATION THERAPY-LOW VOLT					43.30*	43.30*	43.30*	43.30*	74
75 RADIATION THERAPY-SUPER VOLT					54.60*	58.50*	54.60*	58.50*	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					40.00	45.00	50.00	40.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					10.00	7.00	7.00	5.00	82
83 AUTOMATED BLOOD COUNT					12.00	12.00	12.00	12.00	83
84 WHITE CELL COUNT					7.00	7.00	7.00	7.00	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					9.00L	8.00L	10.00L	10.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					8.00	7.00	7.00	10.00	88
89 PLATELET COUNT (REES-ECKER)					12.00	13.10	14.00	12.00	89
90 POTASSIUM TEST - BLOOD					11.50	11.50	11.50	11.50	90
91 PROTHROMBIN TIME TEST					9.00L	7.50L	8.00L	8.00L	91
92 SEDIMENTATION RATE					7.95L	5.00L	7.50L	6.00L	92
93 BLOOD SUGAR					12.00	10.00	11.50	12.50	93
94 BUN-UREA - NITROGEN					8.50L	10.00L	10.00L	9.00L	94
95 URIC ACID					8.50L	8.00L	10.00L	9.50L	95
96 FECES-OCCULT BLOOD-SCREENING					14.00	14.00	10.00	10.00	96
97 PAP TEST					15.00	15.00	15.00	15.00	97
98 ROUTINE URINALYSIS					7.00L	6.00L	7.00L	6.50L	98
99 CHEMICAL URINALYSIS					6.00	5.00	7.00	6.40	99
100 PATHOLOGY - THREE SPECIMENS					35.00	29.00	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					69.00L	69.00L	69.00L	69.00L	104
105 WALKER - RENTAL					32.50	32.50	32.50	32.50	105
106 WHEELCHAIR - RENTAL					33.00L	33.00L	33.00L	33.00L	106
107 LIQUID OXYGEN - RENTAL					74.20	74.20	74.20	74.20	107
108 HOSPITAL BED - PURCHASE					633.70L	633.70L	633.70L	633.70L	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

1983 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
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CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-24	PSRO-25	PSRO-26	PSRO-28	PSRO-24	PSRO-25	PSRO-26	PSRO-28	
1 INITIAL BRIEF OFFICE VISIT					35.00	39.00*	35.10*	33.10*	1
2 INITIAL LIMITED OFFICE VISIT	40.00	35.00	36.50	35.00	45.00	45.00	50.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT					65.00	70.00	68.20*	68.20*	3
4 INITIAL COMP OFFICE VISIT	97.50*	75.00	97.50*	87.50	97.50*	97.50*	97.50*	102.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	15.00	15.60*	13.00	10.00	12.50	13.60*	12.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	19.00	20.00	19.50*	17.50*	23.40*	25.00	23.40*	19.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	23.40*	25.00	23.40*	21.40*	29.20*	29.20*	23.40*	21.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	29.20*	30.00	28.00	25.00	29.20*	35.00	29.20*	32.00	8
9 EXTENDED F/U OFFICE VISIT	40.00	45.00	35.00	39.75	45.00	40.00	35.00	45.00	9
10 COMP FOLLOWUP OFFICE VISIT	65.00	65.00	68.20*	68.20*	68.20*	68.20*	78.00*	78.50	10
11 BRIEF FOLLOWUP HOME VISIT	30.00	30.00	39.00*	31.20*	30.00	34.90*	34.90*	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					32.00	41.70*	41.70*	35.00	12
13 INTERMDIATE F/U HOME VISIT	39.00*	35.00	39.00*	32.00	39.00*	39.00*	39.00*	39.00*	13
14 EXTENDED CARE FACILITY VISIT					25.80*	27.00	27.00	23.60*	14
15 BRIEF F/U NURSING HOME VISIT	25.90*	28.80*	28.80*	25.90*	29.40*	36.80*	29.40*	23.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	52.50	55.00	35.00	51.00	64.00	65.00	60.00	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					78.00*	97.50*	97.50*	80.90*	17
18 INITIAL COMP HOSPITAL VISIT	97.50*	102.30*	97.50*	93.60*	102.30*	99.40*	116.90*	110.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	25.00	25.00	25.00	19.50*	25.00	25.00	27.00	23.40*	19
20 LIMITED F/U HOSPITAL VISIT	35.00	35.00	29.20*	30.00	35.00	39.00*	31.20*	33.00	20
21 INTERMED F/U HOSPITAL VISIT	39.00*	29.20*	35.10*	23.40*	29.20*	39.00*	29.20*	29.20*	21
22 EXTENDED F/U HOSPITAL VISIT					39.00*	48.70*	50.00	48.70*	22
23 BRIEF EMERGENCY ROOM VISIT					29.40*	35.00	35.00	29.40*	23
24 LIMITED EMERGENCY ROOM VISIT					44.20*	45.00	44.20*	43.50*	24
25 INTERMED EMERGENCY ROOM VISIT					60.00	75.00	68.20*	65.00	25
26 LIMITED CONSULTATION	50.00	50.00	48.70*	50.00	50.00	50.00	60.00	58.50*	26
27 EXTENSIVE CONSULTATION					83.00	90.00	97.50*	80.90*	27
28 COMPREHENSIVE CONSULTATION					146.20*	146.20*	116.90*	115.00*	28
29 PSYCHOTHERAPY-ONE HOUR					78.00*	78.00*	78.00*	78.00*	29
30 PSYCHOTHERAPY-HALF HOUR					55.00	46.80*	46.80*	46.80*	30
31 CHIROPRACTIC OFFICE VISIT					17.30*	17.30*	17.30*	17.30*	31
32 INITIAL PHYSIOTHERAPY					26.50*	26.50*	26.50*	26.50*	32
33 F/U PODIATRIC OFFICE VISIT					30.00	25.00	23.00	20.00	33
34 ELECTROCARDIOGRAM (EKG)	39.00*	35.00	40.00	40.00	38.50	39.00*	39.00*	39.00	34
35 EKG-INTERPRET AND REPORT ONLY	20.00	20.00	20.00	20.00	17.50	17.50	19.50*	17.50	35
36 SPIROMETRY					40.00	55.00	35.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)					97.50*	100.00	97.50*	97.50*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					58.50*	60.00	50.00	60.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					1169.40*	1266.90*	1266.90*	1185.00*	43
44 OPEN REDUCTION OF FRACTURE					1851.60*	2048.00*	1797.00*	1715.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	39.00*	23.40*	39.00*	35.10*	39.00*	21.40*	39.00*	40.90*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2046.50*	2923.50*	2923.50*	2923.50*	47
48 NEEDLE PUNCTURE OF BURSA					30.00*	30.00*	35.00	33.70*	48
49 BRONCHOSCOPY					233.90*	263.10*	263.10*	263.10*	49
50 THORACENTESIS					48.70*	48.70*	48.70*	48.70*	50
51 CATERIZATION OF HEART					750.00	750.00	750.00	700.00	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1871.00*	2436.30*	1637.20*	1403.30*	53
54 APPENDECTOMY					779.60*	701.60*	701.60*	685.10*	54
55 SIGMOIDOSCOPY					54.00*	65.00*	49.50*	45.00*	55

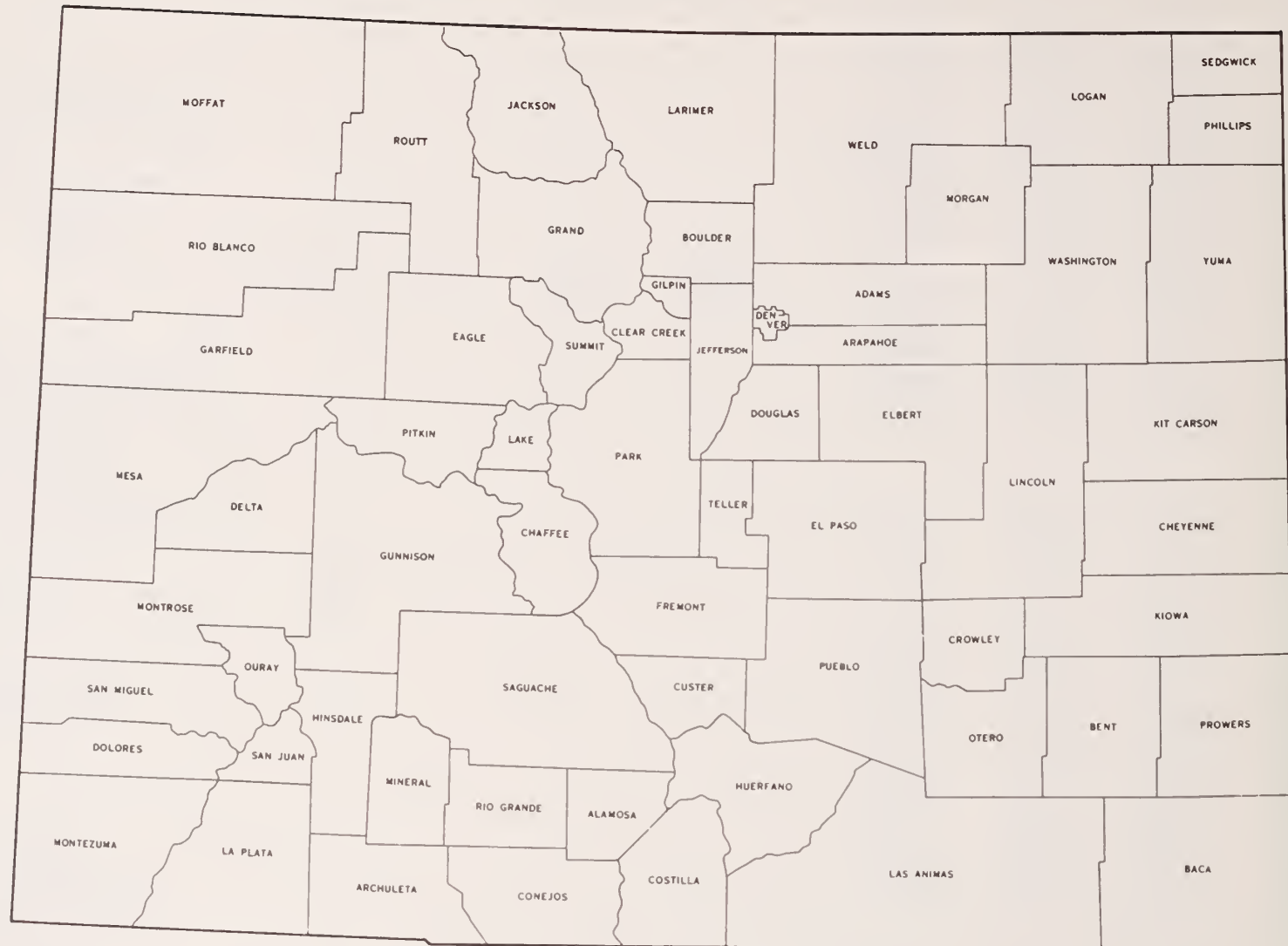
1983 PREVAILING CHARGE SUMMARY DATA OCCIDENTAL LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CALIFORNIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	PSRO-24	PSRO-25	PSRO-26	PSRO-28	PSRO-24	PSRO-25	PSRO-26	PSRO-28	
56 HEMORRHOIDECTOMY					630.00	584.70*	584.70*	526.20*	56
57 CHOLECYSTECTOMY					1461.80*	1559.20*	1130.40*	1066.00	57
58 REPAIR HERNIA					877.10*	974.50*	701.60*	715.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					87.70*	116.90*	91.00*	83.40*	59
60 DILATION OF URETHRA					29.20*	30.00	38.00	29.20*	60
61 PROSTATECTOMY - SUPRAPUBIC					1559.20*	2000.00	1559.20*	1559.20*	61
62 ELECTROSECTION-PROSTATE (TUR)					1559.20*	1793.10*	1520.20*	1403.30*	62
63 HYSTERECTOMY					1364.30*	1461.80*	1364.30*	1266.90*	63
64 INITIAL COMPLETE EYE EXAM					50.00	50.00	48.70*	50.00	64
65 COMPREHENSIVE EYE EXAM					50.00	58.50*	46.80*	46.80*	65
66 EYE EXAM WITH TONOMETRY					25.00	25.00	19.50*	19.50*	66
67 EXTRACTION OF LENS					1533.90*	1656.70*	1303.90*	1364.30*	67
68 CHEST X-RAY - SINGLE VIEW	30.00	30.00	26.00	29.20*	29.20*	33.10*	32.00	29.20*	68
69 CHEST X-RAY - TWO VIEWS	40.00	45.00	42.90*	40.90*	40.90*	39.00*	44.80*	40.90*	69
70 X-RAY SPINE					78.90*	78.00*	80.90*	87.00*	70
71 X-RAY HIP					52.00	48.70*	50.70*	47.80*	71
72 X-RAY UPPER GI TRACT					102.00	98.40*	94.50*	95.50*	72
73 X-RAY COLON					105.00	106.00	87.70*	87.70*	73
74 RADIATION THERAPY-LOW VOLT					43.30*	43.30*	43.30*	43.30*	74
75 RADIATION THERAPY-SUPER VOLT					58.50*	54.60*	54.60*	54.60*	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					45.00	40.00	44.00	39.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	14.00	16.00	81
82 HEMOGLOBIN					7.00	7.00	7.00	5.00	82
83 AUTOMATED BLOOD COUNT					12.00	12.00	12.00	12.00	83
84 WHITE CELL COUNT					7.00	7.00	7.00	7.00	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					8.00L	8.50L	8.00L	9.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					7.00	7.50	6.00	6.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	17.50	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					11.50	12.00	11.50	11.50	90
91 PROTHROMBIN TIME TEST					7.00L	9.00L	7.50L	8.00L	91
92 SEDIMENTATION RATE					5.00L	7.00L	6.00L	7.00L	92
93 BLOOD SUGAR					15.00	12.00	10.00	10.00	93
94 BUN-UREA - NITROGEN					8.50L	9.00L	7.00L	8.00L	94
95 URIC ACID					8.00L	9.00L	8.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING					14.00	15.00	10.00	14.00	96
97 PAP TEST					15.00	18.00	15.00	15.00	97
98 ROUTINE URINALYSIS					6.00L	7.00L	7.00L	6.65L	98
99 CHEMICAL URINALYSIS					5.00	6.00	6.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS						35.00	25.00	40.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					69.00L	69.00L	69.00L	69.00L	104
105 WALKER - RENTAL					32.50	32.50	32.50	32.50	105
106 WHEELCHAIR - RENTAL					33.00L	33.00L	33.00L	33.00L	106
107 LIQUID OXYGEN - RENTAL					74.20	74.20	74.20	74.20	107
108 HOSPITAL BED - PURCHASE					633.70L	633.70L	633.70L	633.70L	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE					265.00L	265.00L	265.00L	265.00L	110

COLORADO

COLORADO



One Locality - Statewide

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		19.60*	1
2 INITIAL LIMITED OFFICE VISIT	24.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	50.00	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.00*	6.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	14.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	15.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	19.60*	8
9 EXTENDED F/U OFFICE VISIT	20.00	29.30*	9
10 COMP FOLLOWUP OFFICE VISIT	38.90*	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	19.60*	11
12 LIMITED FOLLOWUP HOME VISIT		23.40*	12
13 INTERMEDIATE F/U HOME VISIT	23.40*		13
14 EXTENDED CARE FACILITY VISIT		23.40*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	15.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.00*	45.00	16
17 INIT INTERMED HOSPITAL VISIT		48.70*	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	78.10*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	15.40*	19
20 LIMITED F/U HOSPITAL VISIT	18.90*	19.60*	20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT		35.10*	22
23 BRIEF EMERGENCY ROOM VISIT		15.00*	23
24 LIMITED EMERGENCY ROOM VISIT		29.30*	24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITED CONSULTATION	29.30*	45.00	26
27 EXTENSIVE CONSULTATION		48.70*	27
28 COMPREHENSIVE CONSULTATION		81.80*	28
29 PSYCHOTHERAPY-ONE HOUR		58.50*	29
30 PSYCHOTHERAPY-HALF HOUR		35.60*	30
31 CHIROPRACTIC OFFICE VISIT	9.80*	14.90*	31
32 INITIAL PHYSIOTHERAPY		13.80*	32
33 F/U PODIATRIC OFFICE VISIT		19.60*	33
34 ELECTROCARDIOGRAM (EKG)	26.00*	25.90*	34
35 EKG-INTERPRET AND REPORT ONLY	10.60*	14.20*	35
36 SPIROMETRY		38.90*	36
37 ELECTROENCEPHALOGRAPH (EEG)		68.20*	37
38 CHEMOTHERAPY		20.00	38
39 COLLECTION OF SPECIMENS		6.00	39
40 DEBRIDEMENT OF NAILS		18.00	40
41 SKIN BIOPSY		25.00	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY		761.70*	43
44 OPEN REDUCTION OF FRACTURE		804.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.50*	29.30*	45
46 CORONARY ARTERY BYPASS		2200.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1169.60*	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		175.40*	49
50 THORACENTESIS		48.70*	50
51 CATHETERIZATION OF HEART		487.20*	51
52 INSERTION OF PACEMAKER		806.90*	52
53 PARTIAL COLECTOMY		935.80*	53
54 APPENDECTOMY	270.00*	409.30*	54
55 SIGMOIDOSCOPY		29.30*	55

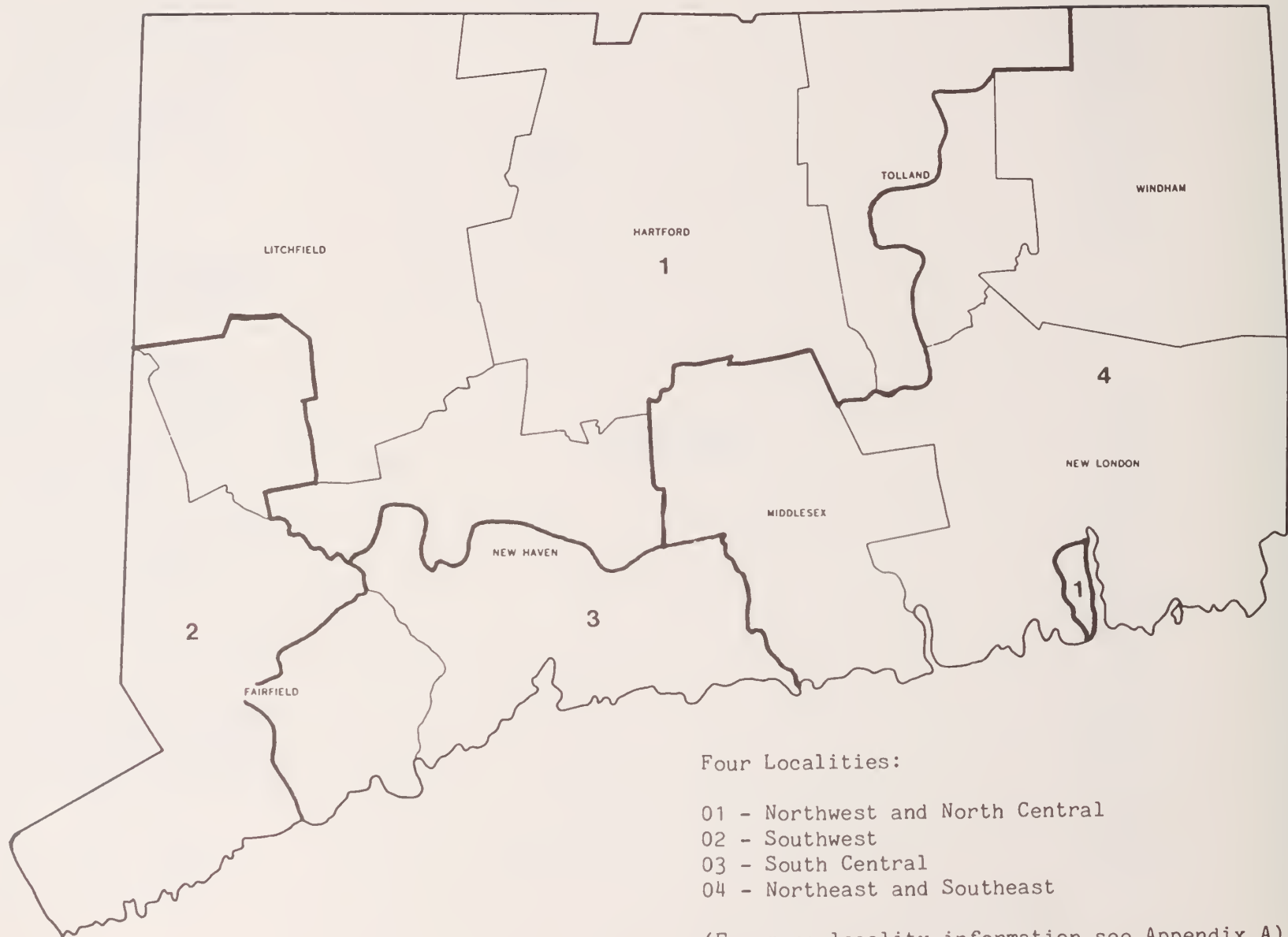
1983 PREVAILING CHARGE SUMMARY DATA COLORADO MEDICAL SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

COLORADO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		374.20*	56
57 CHOLECYSTECTOMY		818.70*	57
58 REPAIR HERNIA		409.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	70.20*	59
60 DILATION OF URETHRA		19.60*	60
61 PROSTATECTOMY - SUPRAPUBIC		877.10*	61
62 ELECTROSECTION-PROSTATE (TUR)		877.10*	62
63 HYSTERECTOMY		994.20*	63
64 INITIAL COMPLETE EYE EXAM		28.00	64
65 COMPREHENSIVE EYE EXAM		36.00	65
66 EYE EXAM WITH TONOMETRY		17.20*	66
67 EXTRACTION OF LENS		818.70*	67
68 CHEST X-RAY - SINGLE VIEW	24.50*	19.60*	68
69 CHEST X-RAY - TWO VIEWS	29.30*	29.30*	69
70 X-RAY SPINE		38.90*	70
71 X-RAY HIP		36.00	71
72 X-RAY UPPER GI TRACT	19.60*	19.60*	72
73 X-RAY COLON		58.50*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		330.00	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		15.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		11.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		8.50L	86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT		3.50L	88
89 PLATELET COUNT (REES-ECKER)		10.00	89
90 POTASSIUM TEST - BLOOD		10.50	90
91 PROTHROMBIN TIME TEST		6.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		8.00L	93
94 BUN-UREA - NITROGEN		8.50L	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.50L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS		25.75	100
101 ELEC MONITORING-PACEMAKER		30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1169.60*	102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		45.00L	104
105 WALKER - RENTAL		16.50	105
106 WHEELCHAIR - RENTAL		25.00L	106
107 LIQUID OXYGEN - RENTAL		95.00	107
108 HOSPITAL BED - PURCHASE		641.00	108
109 WALKER - PURCHASE		57.50	109
110 WHEELCHAIR - PURCHASE			110

CONNECTICUT

CONNECTICUT



Four Localities:

- 01 - Northwest and North Central
- 02 - Southwest
- 03 - South Central
- 04 - Northeast and Southeast

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.					CONNECTICUT				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	I	II	III	IV	I	II	III	IV	
1 INITIAL BRIEF OFFICE VISIT					29.10*	38.90*	29.10*	29.10*	1
2 INITIAL LIMITED OFFICE VISIT	48.70*	50.00	38.90*	38.90*	58.40*	58.40*	58.40*	48.70*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	35.00	35.00	65.00	50.00	60.00	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.80*	11.80*	9.80*	7.70*	9.80*	9.80*	9.80*	9.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	17.50*	19.60*	19.50*	15.50*	19.50*	23.40*	19.50*	19.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	22.00	25.00	20.00	25.00	29.10*	30.00	29.10*	22.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	20.80*	25.00	17.60*	30.00	40.00	30.00	25.00	8
9 EXTENDED F/U OFFICE VISIT	24.00	24.00	24.00	24.00	35.00	50.00	45.00	38.90*	9
10 COMP FOLLOWUP OFFICE VISIT	45.00	57.00*	57.00*	57.00*	40.00	40.00	60.00	35.90*	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	29.10*	23.40*	23.40*	29.10*	38.90*	29.10*	23.40*	11
12 LIMITED FOLLOWUP HOME VISIT					35.00	38.90*	35.00	28.00	12
13 INTERMDIATE F/U HOME VISIT									13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	19.50*	23.40*	19.50*	19.50*	23.40*	29.10*	29.10*	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	38.90*	45.00	38.90*	38.90*	48.70*	40.00	50.00	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					58.40*	68.20*	68.20*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	60.00	60.00	50.70*	60.00	75.00	90.00	85.00	75.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	19.50*	19.50*	19.50*	29.10*	19.50*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	20.00	29.10*	20.00	23.40*	28.00	29.10*	29.10*	25.00	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					25.00	66.00*	30.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT									23
24 LIMITED EMERGENCY ROOM VISIT					35.00	43.90*	37.50*	30.00	24
25 INTERMED EMERGENCY ROOM VISIT									25
26 LIMITED CONSULTATION	48.70*	48.70*	48.70*	45.00	68.20*	97.50*	68.20*	68.20*	26
27 EXTENSIVE CONSULTATION					75.00	90.00	85.00	80.00	27
28 COMPREHENSIVE CONSULTATION					85.00	125.00	75.00	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					55.60*	68.20*	58.40*	55.40*	29
30 PSYCHOTHERAPY-HALF HOUR					28.10*	30.00	35.00	28.70*	30
31 CHIROPRACTIC OFFICE VISIT	15.60*	19.00*	17.90*	15.90*					31
32 INITIAL PHYSIOTHERAPY					18.50*	25.00	19.50*	13.90*	32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCARDIOGRAM (EKG)	28.00	29.10*	25.00	25.00	28.10*	35.00	29.10*	29.10*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	14.00	10.00	10.00	8.00	8.00	22.00	14.00	35
36 SPIROMETRY					28.10*	25.00	25.00	15.00	36
37 ELECTROENCEPHALOGRAM (EEG)					85.00	61.50*	77.80*	69.20*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00	7.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					25.00	28.00	25.00	25.00	40
41 SKIN BIOPSY					40.00	55.00	40.00	35.00	41
42 CHEMOCAUTERY					38.90*	29.10*	35.00	31.00*	42
43 RADICAL MASTECTOMY					900.00	1191.70*	946.40*	800.00	43
44 OPEN REDUCTION OF FRACTURE					935.40*	974.30*	1169.20*	935.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	20.00	29.10*	20.00	25.00	25.00	29.10*	25.00	45
46 CORONARY ARTERY BYPASS					4400.00	3641.10*	4204.70*	4380.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1120.50*	1340.70*	1400.00	1091.40*	47
48 NEEDLE PUNCTURE OF BURSA									48
49 BRONCHOSCOPY					243.50*	292.40*	250.00	194.90*	49
50 THORACENTESIS					58.40*	97.50*	48.70*	38.90*	50
51 CATERIZATION OF HEART					670.00	584.60*	682.10*	563.90*	51
52 INSERTION OF PACEMAKER					974.40*	707.50*	974.40*	1250.00	52
53 PARTIAL COLECTOMY					1120.50*	1461.60*	1266.70*	974.30*	53
54 APPENDECTOMY	100.00	100.00	100.00	100.00	496.00	496.00	496.00	96.30*	54
55 SIGMOIDOSCOPY					35.00	40.00	38.90*	35.00	55

1983 PREVAILING CHARGE SUMMARY DATA CONNECTICUT GENERAL LIFE INS.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

CONNECTICUT
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	I	II	III	IV	I	II	III	IV	
56 HEMORRHOIOECTOMY					40.00	550.00	488.40*	40.00	56
57 CHOLECYSTECTOMY					779.50*	974.30*	877.00*	750.00	57
58 REPAIR HERNIA					500.00	614.70*	529.20*	455.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					97.50*	97.50*	90.00	77.80*	59
60 DILATION OF URETHRA					29.10*	25.00	29.10*	25.00	60
61 PROSTATECTOMY - SUPRAPUBIC					935.40*	1266.70*	1169.20*	877.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	237.00	237.00	237.00	216.90*	935.40*	1266.70*	974.30*	974.30*	62
63 HYSTERECTOMY					900.00	1190.00	974.30*	877.00*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					36.00	38.90*	36.00	32.00	65
66 EYE EXAM WITH TONOMETRY					25.00	28.60*	25.00	25.00	66
67 EXTRACTION OF LENS					974.30*	1364.10*	974.30*	974.30*	67
68 CHEST X-RAY - SINGLE VIEW	20.00	20.00	20.00	19.50*	25.00	30.70*	19.50*	19.50*	68
69 CHEST X-RAY - TWO VIEWS	35.00	38.90*	32.00	29.10*	38.00	42.00	37.00	35.00	69
70 X-RAY SPINE					68.20*	80.00	68.20*	58.40*	70
71 X-RAY HIP					35.00	33.00	33.00	33.00	71
72 X-RAY UPPER GI TRACT	85.30*	100.10*	105.00	105.00	87.60*	103.20*	87.60*	83.00	72
73 X-RAY COLON					95.00	120.00	100.00	80.00	73
74 RADIATION THERAPY-LOW VOLT					23.40*	29.10*	29.10*	38.90*	74
75 RADIATION THERAPY-SUPER VOLT					23.40*	19.50*	25.00	26.50	75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS									80
81 CULTURE - OTHER THAN BLOOD					14.00	16.00	14.00	11.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	12.00L	9.00L	10.00L	83
84 WHITE CELL COUNT					5.00L	8.00L	3.50L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)									85
86 CHOLESTEROL TEST					7.00L	8.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	10.00	8.00	8.00	87
88 HEMATOCRIT									88
89 PLATELET COUNT (REES-ECKER)					8.50	10.00	7.50	7.00	89
90 POTASSIUM TEST - BLOOD					8.00	8.00	7.50	8.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.50L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	5.00L	6.00L	6.50L	93
94 BUN-UREA - NITROGEN					7.00L	8.00L	7.00L	7.70L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.70L	95
96 FECES-OCCULT BLOOD-SCREENING					4.00	5.00	3.30*	3.00	96
97 PAP TEST					7.57L	7.30L	8.00L	5.00L	97
98 ROUTINE URINALYSIS					4.50L	5.00L	4.70L	5.00L	98
99 CHEMICAL URINALYSIS					4.00	7.00	5.00	7.00	99
100 PATHOLOGY - THREE SPECIMENS					30.00	25.00	30.00	30.00	100
101 ELEC MONITORING-PACEMAKER					48.70*	30.00	30.00	35.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					1052.30*	260.00	1091.40*	1091.40*	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					80.00L	96.75L	80.00L	86.00L	104
105 WALKER - RENTAL									105
106 WHEELCHAIR - RENTAL					25.00L	35.00L	25.00L	35.00L	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE					21.30	15.00	15.00	24.20*	109
110 WHEELCHAIR - PURCHASE									110

DELAWARE

DELAWARE



One Locality- Statewide

1983 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

DELAWARE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		19.00	1
2 INITIAL LIMITED OFFICE VISIT	18.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT		20.00	3
4 INITIAL COMP OFFICE VISIT	35.00	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	7.60	5
6 BRIEF FOLLOWUP OFFICE VISIT	16.00	19.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	16.00	25.00	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	68.20*	10
11 BRIEF FOLLOWUP HOME VISIT	15.00	20.00	11
12 LIMITED FOLLOWUP HOME VISIT		30.00	12
13 INTERMEDIATE F/U HOME VISIT	23.40*	30.00	13
14 EXTENDED CARE FACILITY VISIT		20.00	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	19.00	15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	48.80*	16
17 INIT INTERMED HOSPITAL VISIT		23.40*	17
18 INITIAL COMP HOSPITAL VISIT	58.40*	88.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	23.40*	20
21 INTERMED F/U HOSPITAL VISIT	19.50*	23.40*	21
22 EXTENDED F/U HOSPITAL VISIT		45.00	22
23 BRIEF EMERGENCY ROOM VISIT		19.00	23
24 LIMITED EMERGENCY ROOM VISIT		20.00	24
25 INTERMED EMERGENCY ROOM VISIT		20.00	25
26 LIMITED CONSULTATION	13.60*	19.50*	26
27 EXTENSIVE CONSULTATION		19.50*	27
28 COMPREHENSIVE CONSULTATION		90.00	28
29 PSYCHOTHERAPY-ONE HOUR		50.70*	29
30 PSYCHOTHERAPY-HALF HOUR		36.20*	30
31 CHIROPRACTIC OFFICE VISIT	12.70*	17.60*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		19.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.30*	29.30*	34
35 EKG-INTERPRET AND REPORT ONLY	12.70*	12.70*	35
36 SPIROMETRY		34.10*	36
37 ELECTROENCEPHALOGRAPH (EEG)		107.80*	37
38 CHEMOTHERAPY		65.00	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		27.00	40
41 SKIN BIOPSY		60.00	41
42 CHEMOCAUTERY		50.00	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1286.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	40.00	53.50*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE			47
48 NEEDLE PUNCTURE OF BURSA		52.00	48
49 BRONCHOSCOPY		390.40*	49
50 THORACENTESIS		77.90*	50
51 CATHETERIZATION OF HEART		500.00	51
52 INSERTION OF PACEMAKER		1353.50*	52
53 PARTIAL COLECTOMY		1461.70*	53
54 APPENDECTOMY	438.60*	465.50*	54
55 SIGMOIDOSCOPY		48.80*	55

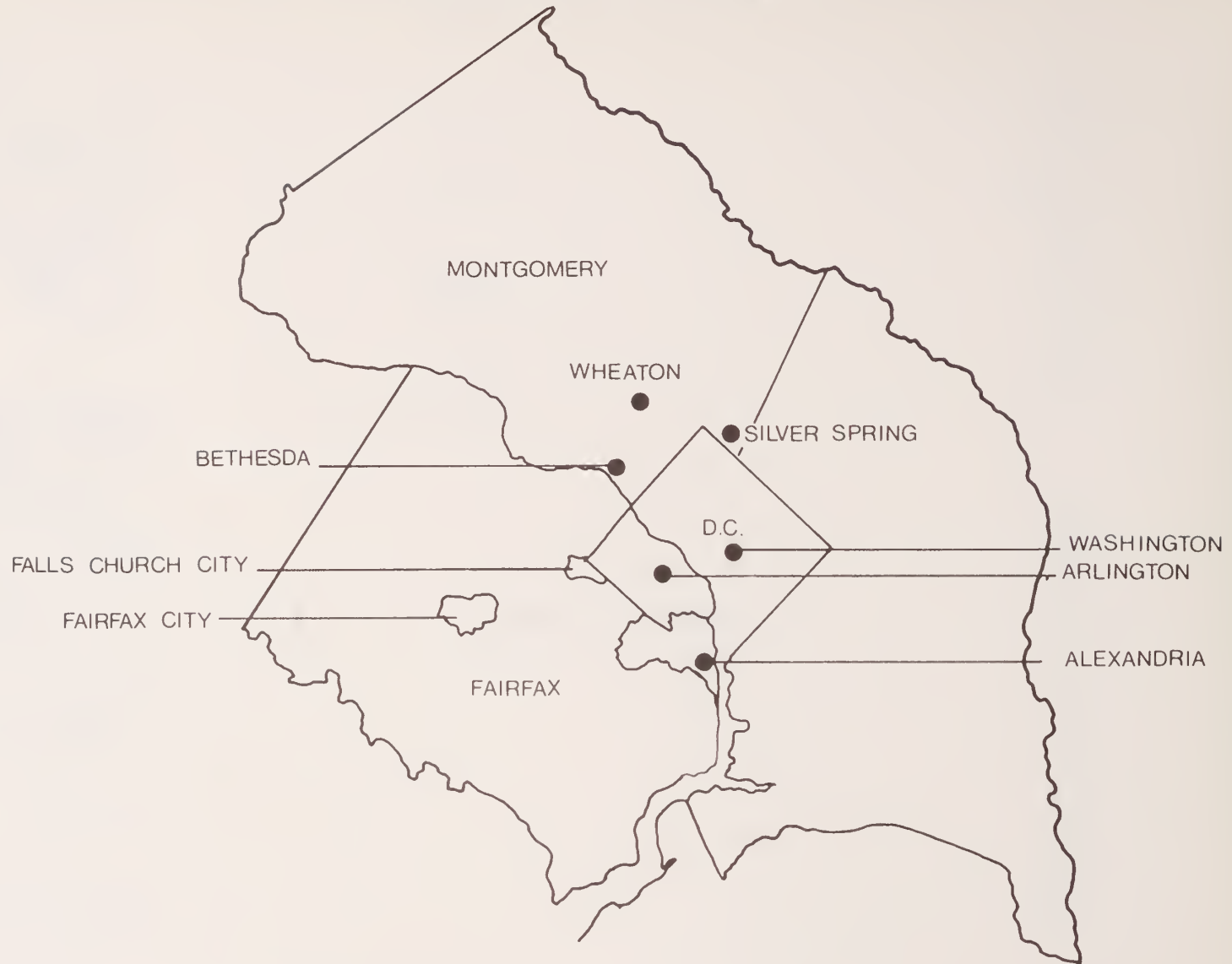
1983 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

DELAWARE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		456.20*	56
57 CHOLECYSTECTOMY		682.10*	57
58 REPAIR HERNIA		438.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	102.50*	97.40*	59
60 DILATION OF URETHRA		29.30*	60
61 PROSTATECTOMY - SUPRAPUBIC		974.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	901.00*	974.50*	62
63 HYSTERECTOMY		849.40*	63
64 INITIAL COMPLETE EYE EXAM		28.00	64
65 COMPREHENSIVE EYE EXAM		32.00	65
66 EYE EXAM WITH TONOMETRY		15.00	66
67 EXTRACTION OF LENS	779.60*	877.00*	67
68 CHEST X-RAY - SINGLE VIEW	21.40*	29.40*	68
69 CHEST X-RAY - TWO VIEWS	25.00	37.00*	69
70 X-RAY SPINE		54.10*	70
71 X-RAY HIP		37.00*	71
72 X-RAY UPPER GI TRACT	68.20*	99.90*	72
73 X-RAY COLON		72.90*	73
74 RADIATION THERAPY-LOW VOLT	24.40*	26.90*	74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		13.70	79
80 NINETEEN CHEMISTRY TESTS		25.00	80
81 CULTURE - OTHER THAN BLOOD		28.50	81
82 HEMOGLOBIN		3.50L	82
83 AUTOMATED BLOOD COUNT		5.00	83
84 WHITE CELL COUNT		3.50L	84
85 COMPLETE BLOOD COUNT (CBC)		11.00	85
86 CHOLESTEROL TEST		7.50L	86
87 FLOCCULATION TEST		5.00	87
88 HEMATOCRIT		3.50	88
89 PLATELET COUNT (REES-ECKER)		7.00	89
90 POTASSIUM TEST - BLOOD		6.50	90
91 PROTHROMBIN TIME TEST		7.50	91
92 SEDIMENTATION RATE		5.00	92
93 BLOOD SUGAR		5.75L	93
94 BUN-UREA - NITROGEN		5.80L	94
95 URIC ACID		7.00	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		6.50L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		16.00	100
101 ELEC MONITORING-PACEMAKER		35.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		55.00	104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		35.00L	106
107 LIQUID OXYGEN - RENTAL		110.00	107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		39.00	109
110 WHEELCHAIR - PURCHASE		300.00L	110

DISTRICT OF COLUMBIA

DISTRICT OF COLUMBIA



One Locality:

Washington Metropolitan Area, includes Washington, D.C.:
Prince Georges and Montgomery Counties in Maryland;
Fairfax and Arlington Counties in Virginia and the city
of Alexandria Virginia

1983 PREVAILING CHARGE SUMMARY DATA Pennsylvania Blue Shield
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON D.C.
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		22.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	30.00	2
3 INITIAL INTERMED OFFICE VISIT		30.00	3
4 INITIAL COMP OFFICE VISIT	70.00	77.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	20.00	22.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	30.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	30.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	50.00	9
10 COMP FOLLOWUP OFFICE VISIT	70.00	77.90*	10
11 BRIEF FOLLOWUP HOME VISIT	18.00	29.10*	11
12 LIMITED FOLLOWUP HOME VISIT		35.00	12
13 INTERMDIATE F/U HOME VISIT	30.00	35.00	13
14 EXTENDED CARE FACILITY VISIT		25.00	14
15 BRIEF F/U NURSING HOME VISIT	19.60*	19.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	58.40*	68.20*	16
17 INIT INTERMED HOSPITAL VISIT		29.10*	17
18 INITIAL COMP HOSPITAL VISIT	97.30*	97.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	23.40*	19
20 LIMITED F/U HOSPITAL VISIT	29.10*	29.10*	20
21 INTERMED F/U HOSPITAL VISIT	29.10*	29.10*	21
22 EXTENDED F/U HOSPITAL VISIT		58.40*	22
23 BRIEF EMERGENCY ROOM VISIT		22.00	23
24 LIMITED EMERGENCY ROOM VISIT		30.00	24
25 INTERMED EMERGENCY ROOM VISIT		30.00	25
26 LIMITED CONSULTATION	19.90*	22.60*	26
27 EXTENSIVE CONSULTATION		22.60*	27
28 COMPREHENSIVE CONSULTATION		97.30*	28
29 PSYCHOTHERAPY-ONE HOUR		68.20*	29
30 PSYCHOTHERAPY-HALF HOUR		38.90*	30
31 CHIROPRACTIC OFFICE VISIT	19.90*	15.00*	31
32 INITIAL PHYSIOTHERAPY		36.00	32
33 F/U PODIATRIC OFFICE VISIT		22.00	33
34 ELECTROCARDIOGRAM (EKG)	35.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	25.00	35
36 SPIROMETRY		43.00	36
37 ELECTROENCEPHALOGRAM (EEG)		93.40*	37
38 CHEMOTHERAPY		48.00	38
39 COLLECTION OF SPECIMENS		3.60	39
40 DEBRIDEMENT OF NAILS		26.20*	40
41 SKIN BIOPSY		90.00	41
42 CHEMOCAUTERY		44.20*	42
43 RADICAL MASTECTOMY		974.50*	43
44 OPEN REDUCTION OF FRACTURE		1266.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	38.90*	38.90*	45
46 CORONARY ARTERY BYPASS		3367.20*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1461.60*	47
48 NEEDLE PUNCTURE OF BURSA		38.90*	48
49 BRONCHOSCOPY		243.60*	49
50 THORACENTESIS		68.20*	50
51 CATHERIZATION OF HEART		510.60*	51
52 INSERTION OF PACEMAKER		1349.40*	52
53 PARTIAL COLECTOMY		1461.60*	53
54 APPENDECTOMY	487.10*	487.10*	54
55 SIGMOIDOSCOPY		48.70*	55

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		487.90*	56
57 CHOLECYSTECTOMY		799.10*	57
58 REPAIR HERNIA		584.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	146.20*	146.20*	59
60 DILATION OF URETHRA		29.10*	60
61 PROSTATECTOMY - SUPRAPUBIC		867.60*	61
62 ELECTROSECTION-PROSTATE (TUR)	1121.40*	1266.70*	62
63 HYSTERECTOMY		974.50*	63
64 INITIAL COMPLETE EYE EXAM		29.10*	64
65 COMPREHENSIVE EYE EXAM		40.00	65
66 EYE EXAM WITH TONOMETRY		24.80*	66
67 EXTRACTION OF LENS	1023.00*	1169.40*	67
68 CHEST X-RAY - SINGLE VIEW	22.00	23.40*	68
69 CHEST X-RAY - TWO VIEWS	32.20*	32.20*	69
70 X-RAY SPINE		58.40*	70
71 X-RAY HIP		38.90*	71
72 X-RAY UPPER GI TRACT	87.60*	87.60*	72
73 X-RAY COLON		97.30*	73
74 RADIATION THERAPY-LOW VOLT	54.50*	61.70*	74
75 RADIATION THERAPY-SUPER VOLT	76.90*	75.10*	75
76 RADIATION THERAPY-MEGAVOLT		71.60*	76
77 CAT SCAN - HEAD		440.00	77
78 CAT SCAN - ABDOMEN		492.00	78
79 THREE CHEMISTRY TESTS		13.70	79
80 NINETEEN CHEMISTRY TESTS		25.00	80
81 CULTURE - OTHER THAN BLOOD		17.00	81
82 HEMOGLOBIN		5.00L	82
83 AUTOMATED BLOOD COUNT		11.00L	83
84 WHITE CELL COUNT		5.00L	84
85 COMPLETE BLOOD COUNT (CBC)		11.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		10.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		8.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		7.00L	91
92 SEDIMENTATION RATE		5.50L	92
93 BLOOD SUGAR		8.00	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACID		9.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		12.00	97
98 ROUTINE URINALYSIS		7.00L	98
99 CHEMICAL URINALYSIS		6.00	99
100 PATHOLOGY - THREE SPECIMENS		30.00	100
101 ELEC MONITORING-PACEMAKER		40.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT		2883.10	103
104 HOSPITAL BED - RENTAL		65.00L	104
105 WALKER - RENTAL		20.00	105
106 WHEELCHAIR - RENTAL		34.00	106
107 LIQUID OXYGEN - RENTAL		43.00	107
108 HOSPITAL BED - PURCHASE		550.00L	108
109 WALKER - PURCHASE		57.40	109
110 WHEELCHAIR - PURCHASE		311.20L	110

FLORIDA

PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C	FLORIDA COMBINED LOCALITY DESIGNATION			
				AREA A	AREA B	AREA C	
1 INITIAL BRIEF OFFICE VISIT				25.00	28.00	30.00	1
2 INITIAL LIMITED OFFICE VISIT				25.00	30.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT				30.00	35.00	40.00	3
4 INITIAL COMP OFFICE VISIT				40.00	60.00	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT				9.10*	10.90*	12.00	5
6 BRIEF FOLLOWUP OFFICE VISIT				17.00	19.40*	19.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT				19.40*	19.40*	19.40*	7
8 INTERMEDIATE F/U OFFICE VISIT				20.00	22.00	30.00	8
9 EXTENDED F/U OFFICE VISIT				20.00	25.00	30.00	9
10 COMP FOLLOWUP OFFICE VISIT				45.00	50.00	45.00	10
11 BRIEF FOLLOWUP HOME VISIT				28.00	29.30*	38.00	11
12 LIMITED FOLLOWUP HOME VISIT				25.00	29.30*	39.00*	12
13 INTERMDIATE F/U HOME VISIT				25.00	32.20*	48.70*	13
14 EXTENDED CARE FACILITY VISIT				20.00	25.00	30.00	14
15 BRIEF F/U NURSING HOME VISIT				16.90*	19.80*	23.40*	15
16 INITIAL BRIEF HOSPITAL VISIT				50.00	60.00	75.00	16
17 INIT INTERMED HOSPITAL VISIT				50.00	65.00	75.00	17
18 INITIAL COMP HOSPITAL VISIT				65.00	75.00	90.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT				20.00	23.40*	30.00	19
20 LIMITED F/U HOSPITAL VISIT				21.50*	23.40*	35.00	20
21 INTERMED F/U HOSPITAL VISIT				25.00	28.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT				35.00	35.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT				20.00	22.50	28.00	23
24 LIMITED EMERGENCY ROOM VISIT				25.00	28.00	30.00	24
25 INTERMED EMERGENCY ROOM VISIT				33.00	35.00	35.00	25
26 LIMITED CONSULTATION				38.00*	44.70*	52.70*	26
27 EXTENSIVE CONSULTATION				59.40*	70.00	75.00	27
28 COMPREHENSIVE CONSULTATION				75.00	80.00	100.00	28
29 PSYCHOTHERAPY-ONE HOUR							29
30 PSYCHOTHERAPY-HALF HOUR				60.00	60.00	71.30	30
31 CHIROPRACTIC OFFICE VISIT				15.00	16.90*	18.10*	31
32 INITIAL PHYSIOTHERAPY							32
33 F/U PODIATRIC OFFICE VISIT				19.40*	19.40*	19.40*	33
34 ELECTROCARDIOGRAM (EKG)				29.30*	29.30*	35.00	34
35 EKG-INTERPRET AND REPORT ONLY				15.00	17.00	16.00	35
36 SPIROMETRY				45.00	40.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)				97.60*	95.00	97.60*	37
38 CHEMOTHERAPY							38
39 COLLECTION OF SPECIMENS							39
40 DEBRIDEMENT OF NAILS				19.10*	20.00	22.00	40
41 SKIN BIOPSY				30.00	39.90*	40.00	41
42 CHEMOCAUTERY				5.00*	5.30*	5.90*	42
43 RADICAL MASTECTOMY				1007.60*	1042.40*	1116.90*	43
44 OPEN REDUCTION OF FRACTURE				1240.00	1389.90*	1489.20*	44
45 ARTHROCENTESIS-MAJOR JOINT				27.30*	29.30*	28.00	45
46 CORONARY ARTERY BYPASS				2750.00	2750.00	2750.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				2270.00	2500.00	2765.70*	47
48 NEEDLE PUNCTURE OF BURSA				24.00*	24.80*	25.00	48
49 BRONCHOSCOPY				292.30*	238.60*	255.50*	49
50 THORACENTESIS				67.10*	69.50*	74.50*	50
51 CATHETERIZATION OF HEART				662.60*	686.10*	661.60*	51
52 INSERTION OF PACEMAKER				1400.00	1400.00	1400.00	52
53 PARTIAL COLECTOMY				974.50*	1071.90*	1276.40*	53
54 APPENDECTOMY				557.00*	576.40*	617.60*	54
55 SIGMOIDOSCOPY				100.00	100.00	119.60*	55

PROCEDURE DESCRIPTION	AREA A	AREA B	AREA C	AREA A	AREA B	AREA C	
56 HEMORRHOIDECTOMY				487.20*	545.00	550.00	56
57 CHOLECYSTECTOMY				779.60*	837.90*	974.50*	57
58 REPAIR HERNIA							58
59 DIAGNOSTIC CYSTOURETHROSCOPY				62.40*	65.00	69.10*	59
60 DILATION OF URETHRA				24.00*	20.00	29.30*	60
61 PROSTATECTOMY - SUPRAPUBIC				974.50*	1071.90*	1223.30*	61
62 ELECTROSECTION-PROSTATE (TUR)				974.50*	974.50*	1315.50*	62
63 HYSTERECTOMY				1007.60*	1042.40*	1116.90*	63
64 INITIAL COMPLETE EYE EXAM				40.00	40.00	40.00	64
65 COMPREHENSIVE EYE EXAM				35.00	35.00	45.00	65
66 EYE EXAM WITH TONOMETRY				16.10*	18.90*	22.00	66
67 EXTRACTION OF LENS				877.80*	975.30*	1072.80*	67
68 CHEST X-RAY - SINGLE VIEW				29.30*	25.00	30.00	68
69 CHEST X-RAY - TWO VIEWS				35.00	35.00	39.00*	69
70 X-RAY SPINE				57.50	62.00	70.00	70
71 X-RAY HIP				40.00	43.00	45.00	71
72 X-RAY UPPER GI TRACT							72
73 X-RAY COLON				78.90*	81.80*	86.20*	73
74 RADIATION THERAPY-LOW VOLT							74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				350.00	350.00	350.00	77
78 CAT SCAN - ABOOMEN				400.00	400.00	410.00	78
79 THREE CHEMISTRY TESTS							79
80 NINETEEN CHEMISTRY TESTS							80
81 CULTURE - OTHER THAN BLOOD				18.00	18.00	18.00	81
82 HEMOGLOBIN				4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				12.00	8.40L	8.40L	85
86 CHOLESTEROL TEST				6.30L	6.30L	6.30L	86
87 FLOCCULATION TEST							87
88 HEMATOCRIT				4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)				8.50	8.50	8.50	89
90 POTASSIUM TEST - BLOOD				6.30	6.30	6.30	90
91 PROTHROMBIN TIME TEST				6.75L	6.75L	6.75L	91
92 SEDIMENTATION RATE				5.30L	5.30L	5.30L	92
93 BLOOD SUGAR				5.30L	5.30L	5.30L	93
94 BUN-UREA - NITROGEN				6.30L	6.30L	6.30L	94
95 URIC ACID				6.30L	6.30L	6.30L	95
96 FECES-OCCULT BLOOD-SCREENING				6.00	6.00	6.00	96
97 PAP TEST				9.00L	9.00L	9.00L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS				5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS							100
101 ELEC MONITORING-PACEMAKER				30.00	40.00	40.00	101
102 OONOR NEPHRECTOMY-UNILATERAL				1284.00	1284.00	1284.00	102
103 KIDNEY TRANSPLANT				2276.50	2276.50	2276.50	103
104 HOSPITAL BEO - RENTAL				55.00L	55.00L	55.00L	104
105 WALKER - RENTAL				12.00	12.00	12.00	105
106 WHEELCHAIR - RENTAL				25.00L	25.00L	25.00L	106
107 LIQUIO OXYGEN - RENTAL				75.00	75.00	75.00	107
108 HOSPITAL BEO - PURCHASE				600.00L	600.00L	600.00L	108
109 WALKER - PURCHASE				50.00	50.00	50.00	109
110 WHEELCHAIR - PURCHASE				225.00L	225.00L	225.00L	110

PROCEDURE DESCRIPTION	Area D	
1 INITIAL BRIEF OFFICE VISIT	45.00	1
2 INITIAL LIMITED OFFICE VISIT	45.00	2
3 INITIAL INTERMED OFFICE VISIT	50.00	3
4 INITIAL COMP OFFICE VISIT	58.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	12.90*	5
6 BRIEF FOLLOWUP OFFICE VISIT	23.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	23.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	35.00	8
9 EXTENDED F/U OFFICE VISIT	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	45.00	10
11 BRIEF FOLLOWUP HOME VISIT	38.90*	11
12 LIMITED FOLLOWUP HOME VISIT	38.90*	12
13 INTERMDIATE F/U HOME VISIT	48.70*	13
14 EXTENDED CARE FACILITY VISIT	23.40	14
15 BRIEF F/U NURSING HOME VISIT	23.40	15
16 INITIAL BRIEF HOSPITAL VISIT	75.00	16
17 INIT INTERMED HOSPITAL VISIT	82.40*	17
18 INITIAL COMP HOSPITAL VISIT	97.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	38.90*	19
20 LIMITED F/U HOSPITAL VISIT	38.90*	20
21 INTERMED F/U HOSPITAL VISIT	45.00	21
22 EXTENDED F/U HOSPITAL VISIT	45.00	22
23 BRIEF EMERGENCY ROOM VISIT	30.00	23
24 LIMITED EMERGENCY ROOM VISIT	30.00	24
25 INTERMED EMERGENCY ROOM VISIT	45.00	25
26 LIMITED CONSULTATION	52.80*	26
27 EXTENSIVE CONSULTATION	82.40*	27
28 COMPREHENSIVE CONSULTATION	117.20*	28
29 PSYCHOTHERAPY-ONE HOUR	75.00	29
30 PSYCHOTHERAPY-HALF HOUR	46.30*	30
31 CHIROPRACTIC OFFICE VISIT	23.00*	31
32 INITIAL PHYSIOTHERAPY	19.60*	32
33 F/U PODIATRIC OFFICE VISIT	23.40*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	9.00	35
36 SPIROMETRY	50.00	36
37 ELECTROENCEPHALOGRAM (EEG)	97.70*	37
38 CHEMOTHERAPY	25.00	38
39 COLLECTION OF SPECIMENS	3.00*	39
40 DEBRIDEMENT OF NAILS	20.00	40
41 SKIN BIOPSY	35.00	41
42 CHEMOCAUTERY	7.80	42
43 RADICAL MASTECTOMY	1152.80	43
44 OPEN REDUCTION OF FRACTURE	1537.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	26.60*	45
46 CORONARY ARTERY BYPASS	4000.00	46
47 TOTAL ARTIFICIAL HIP REPLACE	2854.20*	47
48 NEEDLE PUNCTURE OF BURSA	25.00	48
49 BRONCHOSCOPY	243.60*	49
50 THORACENTESIS	79.80*	50
51 CATHERIZATION OF HEART	825.00	51
52 INSERTION OF PACEMAKER	1375.40	52
53 PARTIAL COLECTOMY	1317.50*	53
54 APPENDECTOMY	590.81	54
55 SIGMOIDOSCOPY	48.70*	55

PROCEDURE DESCRIPTION	Area D	
56 HEMORRHOIDECTOMY	565.81	56
57 CHOLECYSTECTOMY	1169.40*	57
58 REPAIR HERNIA	584.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	71.30*	59
60 DILATION OF URETHRA	29.20*	60
61 PROSTATECTOMY - SUPRAPUBIC	1262.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	1315.40*	62
63 HYSTERECTOMY	1231.64	63
64 INITIAL COMPLETE EYE EXAM	60.00	64
65 COMPREHENSIVE EYE EXAM	50.00	65
66 EYE EXAM WITH TONOMETRY	22.30*	66
67 EXTRACTION OF LENS	1071.80*	67
68 CHEST X-RAY - SINGLE VIEW	35.00	68
69 CHEST X-RAY - TWO VIEWS	38.90*	69
70 X-RAY SPINE	57.00	70
71 X-RAY HIP	38.90*	71
72 X-RAY UPPER GI TRACT	87.50*	72
73 X-RAY COLON	87.50*	73
74 RADIATION THERAPY-LOW VOLT		74
75 RADIATION THERAPY-SUPER VOLT		75
76 RADIATION THERAPY-MEGAVOLT		76
77 CAT SCAN - HEAD	350.00	77
78 CAT SCAN - ABDOMEN	400.00	78
79 THREE CHEMISTRY TESTS	11.30	79
80 NINETEEN CHEMISTRY TESTS	22.60	80
81 CULTURE - OTHER THAN BLOOD	20.00	81
82 HEMOGLOBIN	4.00L	82
83 AUTOMATED BLOOD COUNT	8.40L	83
84 WHITE CELL COUNT	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)	8.40L	85
86 CHOLESTEROL TEST	6.30L	86
87 FLOCCULATION TEST	10.00	87
88 HEMATOCRIT	4.00L	88
89 PLATELET COUNT (REES-ECKER)	8.50	89
90 POTASSIUM TEST - BLOOD	6.30	90
91 PROTHROMBIN TIME TEST	6.75L	91
92 SEDIMENTATION RATE	5.30L	92
93 BLOOD SUGAR	5.30L	93
94 BUN-UREA - NITROGEN	6.30L	94
95 URIC ACID	6.30L	95
96 FECES-OCCULT BLOOD-SCREENING	10.00	96
97 PAP TEST	9.00L	97
98 ROUTINE URINALYSIS	5.00L	98
99 CHEMICAL URINALYSIS	5.00	99
100 PATHOLOGY - THREE SPECIMENS	32.00	100
101 ELEC MONITORING-PACEMAKER	50.00	101
102 DONOR NEPHRECTOMY-UNILATERAL	1312.92	102
103 KIDNEY TRANSPLANT	1987.70	103
104 HOSPITAL BED - RENTAL	55.00L	104
105 WALKER - RENTAL	12.00	105
106 WHEELCHAIR - RENTAL	25.00L	106
107 LIQUID OXYGEN - RENTAL	40.00	107
108 HOSPITAL BED - PURCHASE		108
109 WALKER - PURCHASE	50.00	109
110 WHEELCHAIR - PURCHASE	225.00L	110

GEORGIA

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Four Localities (by counties)

(For more locality information see Apendix A)

1983 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY					GEORGIA				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					40.00	35.00	31.20*	25.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	25.00	25.00	20.00	40.00	35.00	31.20*	25.00	2
3 INITIAL INTERMED OFFICE VISIT					40.00	35.00	31.20*	25.00	3
4 INITIAL COMP OFFICE VISIT	50.00	74.60	38.00	30.00	97.50*	68.20*	75.00	87.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.30	8.30	8.30	8.50	11.80	11.80	9.40	8.30	5
6 BRIEF FOLLOWUP OFFICE VISIT	8.30	8.30	8.30	8.50	11.80	11.80	9.40	8.30	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	13.60*	13.60*	14.20	19.50*	19.50*	16.30*	13.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	13.60*	13.60*	13.60*	14.20	19.50*	19.50*		13.60*	8
9 EXTENDED F/U OFFICE VISIT	20.50	22.00	20.00	20.00	26.50*	26.50*		20.00	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	36.00	40.00	35.00	78.80*	57.30*		37.00	10
11 BRIEF FOLLOWUP HOME VISIT	21.10*	19.50*	23.40*	19.50*	21.10*	19.50*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT					21.10*	19.50*	23.40*	19.50*	12
13 INTERMDIATE F/U HOME VISIT	21.10*	19.50*	23.40*	19.50*	21.10*	19.50*	23.40*	19.50*	13
14 EXTENDED CARE FACILITY VISIT					19.50*	19.50*		13.60*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	13.60*	13.60*	9.75*	19.50*	19.50*		13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	65.00	48.70*	48.70*	39.00*	82.10*	68.20*		48.70*	16
17 INIT INTERMED HOSPITAL VISIT					82.10*	68.20*		48.70*	17
18 INITIAL COMP HOSPITAL VISIT	75.00	75.00	68.20*	50.00	97.50*	87.70*	78.00*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	15.60*	15.60*	19.50*	19.50*	19.50*	18.70*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	19.50*	15.60*	15.60*	19.50*	19.50*	19.50*	18.70*	20
21 INTERMED F/U HOSPITAL VISIT	19.50*	19.50*	15.60*	15.60*	19.50*	19.50*	19.50*	18.70*	21
22 EXTENDED F/U HOSPITAL VISIT					40.00	35.00	29.20*	36.00	22
23 BRIEF EMERGENCY ROOM VISIT					29.20*	29.20*	19.50*	23.40*	23
24 LIMITED EMERGENCY ROOM VISIT					29.20*	29.20*	19.50*	23.40*	24
25 INTERMED EMERGENCY ROOM VISIT					29.20*	29.20*	19.50*	23.40*	25
26 LIMITED CONSULTATION	25.00*	40.30	30.00	25.00	45.60*	45.60*	45.60*	45.60*	26
27 EXTENSIVE CONSULTATION					77.00	68.20*	58.50*	58.50*	27
28 COMPREHENSIVE CONSULTATION					100.00	76.60*	69.50*	67.00*	28
29 PSYCHOTHERAPY-ONE HOUR					70.00	65.00	70.00	75.00	29
30 PSYCHOTHERAPY-HALF HOUR					46.30*	45.00	40.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT					14.60*	14.10*	15.00	15.00	31
32 INITIAL PHYSIOTHERAPY					17.50*	17.50*	17.50*	17.50*	32
33 F/U PODIATRIC OFFICE VISIT					19.50*	20.00	15.60*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	28.00	29.00	26.00	25.00	28.00	29.20*	27.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	10.00 P	11.70*P	9.75*P	6.50 P	8.00 P	8.00 P	8.00 P	35
36 SPIROMETRY					25.00	29.20*	29.20*	26.90	36
37 ELECTROENCEPHALOGRAM (EEG)					75.00	78.00*	70.00	78.00*	37
38 CHEMOTHERAPY					23.40*	20.00	26.00	26.80*	38
39 COLLECTION OF SPECIMENS					6.00	6.00	6.00	6.00	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	19.50	25.00	40
41 SKIN BIOPSY					29.20*	29.20*	29.20*	29.20*	41
42 CHEMOCAUTERY					19.50*	19.50*	19.50*	19.50*	42
43 RADICAL MASTECTOMY					1000.00	915.00*	897.90*	917.20*	43
44 OPEN REDUCTION OF FRACTURE					1186.90*	1141.20*	1026.20*	1050.00	44
45 ARTHROCENTESIS-MAJOR JOINT	26.90	29.20*	20.00	26.90	25.00	29.20*	26.90	29.20*	45
46 CORONARY ARTERY BYPASS					2717.30*	3344.00	3344.00	3344.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2204.30*	2300.00	2338.80*	2338.80*	47
48 NEEDLE PUNCTURE OF BURSA					29.20*	23.40	19.50*	19.50*	48
49 BRONCHOSCOPY					243.40	175.40*	175.40*	175.40*	49
50 THORACENTESIS					75.60	76.70	48.70	29.20	50
51 CATHERIZATION OF HEART					686.75	700.20	716.70	716.70	51
52 INSERTION OF PACEMAKER					895.00	895.00	950.00	895.00	52
53 PARTIAL COLECTOMY					1056.80*	1011.00*	1008.00*	935.50*	53
54 APPENDECTOMY	584.70*	584.70*	550.00	584.70*	550.00	550.00	550.00	550.00	54
55 SIGMOIDOSCOPY					40.00	39.00*	39.00*	29.20*	55

1983 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

GEORGIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					438.60	477.50*	400.00	438.60	56
57 CHOLECYSTECTOMY					779.60*	773.10*	750.00	584.70*	57
58 REPAIR HERNIA					513.10*	438.50*	500.00	467.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	85.00	76.00	58.50*	58.50*	77.00*	58.50*	58.50*	58.50*	59
60 DILATION OF URETHRA					19.50*	19.50*	19.50*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC					1215.00	974.50	960.90*	877.10	61
62 ELECTROSECTION-PROSTATE (TUR)	974.50*	900.00	974.50*	974.50*	974.50*	915.00	916.00*	730.90	62
63 HYSTERECTOMY					877.10*	920.70*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM					34.10*	29.20*	29.20*	28.00	64
65 COMPREHENSIVE EYE EXAM					34.10*	29.20*	29.20*	28.00	65
66 EYE EXAM WITH TONOMETRY					20.00	14.50*	12.50*	14.30	66
67 EXTRACTION OF LENS	847.80*	950.00	847.80*	950.00	980.00	957.30*	779.60*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	25.00	25.00	25.00	31.00	29.20*	23.40*	24.40	68
69 CHEST X-RAY - TWO VIEWS	35.00	35.00	29.20*	29.20*	33.10*	36.50*	29.20*	36.50	69
70 X-RAY SPINE					39.00*	55.00	48.70*	48.00	70
71 X-RAY HIP					32.00	47.00	33.10*	41.00	71
72 X-RAY UPPER GI TRACT	70.20	68.20*	68.20*	68.20*	68.20*	85.30*	68.20*	73.10*	72
73 X-RAY COLON					75.00	73.10*	74.70*	72.10*	73
74 RADIATION THERAPY-LOW VOLT	32.90*	32.90*	32.90*	32.90*	32.30*	32.60	32.30*	32.30*	74
75 RADIATION THERAPY-SUPER VOLT	24.80	24.80	25.80	24.80	55.00	60.00	60.00	60.00	75
76 RADIATION THERAPY-MEGAVOLT					69.30*	69.30*	69.30*	69.30*	76
77 CAT SCAN - HEAD					300.00	383.80*	300.00	300.00	77
78 CAT SCAN - ABDOMEN					325.00	325.00	325.00	325.00	78
79 THREE CHEMISTRY TESTS					13.50	13.50	13.50	13.50	79
80 NINETEEN CHEMISTRY TESTS					20.00	20.00	20.00	20.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	16.00	16.00	16.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					9.00L	9.00L	9.00L	9.00L	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					8.00	8.00	8.00	8.00	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	8.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					6.50L	6.50L	6.50L	6.50L	91
92 SEDIMENTATION RATE					5.00	5.00	5.00	5.00	92
93 BLOOD SUGAR					6.00L	6.00L	6.00L	6.00L	93
94 BUN-UREA - NITROGEN					6.00L	6.00L	6.00L	6.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	5.00	96
97 PAP TEST					7.50L	7.50L	7.50L	7.50L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					4.00L	4.00L	4.00L	4.00L	99
100 PATHOLOGY - THREE SPECIMENS					22.00	22.00	22.00	22.00	100
101 ELEC MONITORING-PACEMAKER					30.00	20.00	25.00	28.80	101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT					1800.00	1800.00	1800.00	1800.00	103
104 HOSPITAL BED - RENTAL					50.00L	50.00L	50.00L	50.00L	104
105 WALKER - RENTAL					15.00	15.00	15.00	15.00	105
106 WHEELCHAIR - RENTAL					25.80	25.80	25.80	25.80	106
107 LIQUID OXYGEN - RENTAL					93.60	93.60	93.60	93.60	107
108 HOSPITAL BED - PURCHASE					475.30L	475.30L	475.30L	475.30L	108
109 WALKER - PURCHASE					50.70	50.70	50.70	50.70	109
110 WHEELCHAIR - PURCHASE					294.50	294.50	294.50	294.50	110

HAWAII

PRINCIPAL ISLANDS



PACIFIC OCEAN

PACIFIC OCEAN

COCOS ISLAND

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1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

HAWAII
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		23.40*	1
2 INITIAL LIMITED OFFICE VISIT	37.40*	48.00	2
3 INITIAL INTERMED OFFICE VISIT		63.70*	3
4 INITIAL COMP OFFICE VISIT	68.20*	77.90*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.80*	11.75*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.70*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.50*	23.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	26.10*	31.20	8
9 EXTENDED F/U OFFICE VISIT	41.00*	46.80	9
10 COMP FOLLOWUP OFFICE VISIT	59.80	64.90*	10
11 BRIEF FOLLOWUP HOME VISIT	26.00	31.20	11
12 LIMITED FOLLOWUP HOME VISIT		43.90*	12
13 INTERMDIATE F/U HOME VISIT	39.00*		13
14 EXTENDED CARE FACILITY VISIT		15.60*	14
15 BRIEF F/U NURSING HOME VISIT	11.75*		15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	48.40*	16
17 INIT INTERMED HOSPITAL VISIT		77.90*	17
18 INITIAL COMP HOSPITAL VISIT	81.90*	97.60*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.60*	20.20*	19
20 LIMITED F/U HOSPITAL VISIT	29.00	31.20*	20
21 INTERMED F/U HOSPITAL VISIT	35.20*	43.60*	21
22 EXTENDED F/U HOSPITAL VISIT		52.30*	22
23 BRIEF EMERGENCY ROOM VISIT		38.70*	23
24 LIMITED EMERGENCY ROOM VISIT		41.50*	24
25 INTERMED EMERGENCY ROOM VISIT		96.75*	25
26 LIMITED CONSULTATION	53.40*	60.25*	26
27 EXTENSIVE CONSULTATION		90.60*	27
28 COMPREHENSIVE CONSULTATION		109.20*	28
29 PSYCHOTHERAPY-ONE HOUR		78.70*	29
30 PSYCHOTHERAPY-HALF HOUR		43.20*	30
31 CHIROPRACTIC OFFICE VISIT		14.50*	31
32 INITIAL PHYSIOTHERAPY		25.70*	32
33 F/U PODIATRIC OFFICE VISIT		13.70*	33
34 ELECTROCARDIOGRAM (EKG)	35.10*	39.00*	34
35 EKG-INTERPRET AND REPORT ONLY	19.80*	11.75*	35
36 SPIROMETRY		32.10*	36
37 ELECTROENCEPHALOGRAM (EEG)		88.70*	37
38 CHEMOTHERAPY		28.60*	38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		22.00	40
41 SKIN BIOPSY		50.70*	41
42 CHEMOCAUTERY		31.20	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	46.70*	46.70*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		2501.00*	47
48 NEEDLE PUNCTURE OF BURSA		33.30*	48
49 BRONCHOSCOPY		216.25*	49
50 THORACENTESIS		41.00*	50
51 CATHERIZATION OF HEART		729.50*	51
52 INSERTION OF PACEMAKER		927.20*	52
53 PARTIAL COLECTOMY		1247.20*	53
54 APPENDECTOMY	545.70*	623.60*	54
55 SIGMOIDOSCOPY		46.70*	55

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

HAWAII
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
56 HEMORRHOIDECTOMY		467.50*	56
57 CHOLECYSTECTOMY		935.40*	57
58 REPAIR HERNIA		545.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		109.20*	59
60 DILATION OF URETHRA		49.90*	60
61 PROSTATECTOMY - SUPRAPUBIC		1091.40*	61
62 ELECTROSECTION-PROSTATE (TUR)		1169.30*	62
63 HYSTERECTOMY		1091.40*	63
64 INITIAL COMPLETE EYE EXAM		48.70*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		10.40*	66
67 EXTRACTION OF LENS		1169.30*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	27.60*	68
69 CHEST X-RAY - TWO VIEWS	41.00*	38.10*	69
70 X-RAY SPINE		49.10*	70
71 X-RAY HIP		52.70*	71
72 X-RAY UPPER GI TRACT	73.70*	87.60*	72
73 X-RAY COLON		79.80*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		25.50	79
80 NINETEEN CHEMISTRY TESTS		45.80*	80
81 CULTURE - OTHER THAN BLOOD		15.60	81
82 HEMOGLOBIN		6.00*	82
83 AUTOMATED BLOOD COUNT		10.20*	83
84 WHITE CELL COUNT		9.60*	84
85 COMPLETE BLOOD COUNT (CBC)		12.30*	85
86 CHOLESTEROL TEST		10.40	86
87 FLOCCULATION TEST		11.20*	87
88 HEMATOCRIT		5.30	88
89 PLATELET COUNT (REES-ECKER)		8.00*	89
90 POTASSIUM TEST - BLOOD		12.00*	90
91 PROTHROMBIN TIME TEST		12.00*	91
92 SEDIMENTATION RATE		9.20*	92
93 BLOOD SUGAR			93
94 BUN-UREA - NITROGEN		12.00*	94
95 URIC ACID		10.40	95
96 FECES-OCCULT BLOOD-SCREENING		4.70*	96
97 PAP TEST			97
98 ROUTINE URINALYSIS		6.60*	98
99 CHEMICAL URINALYSIS		5.60*	99
100 PATHOLOGY - THREE SPECIMENS		35.40*	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL		36.40	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		57.20	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

IDAHO

IDAHO

Two Localities:

South Idaho

North Idaho, Idaho

BOUNDARY

BONNER

KOOTENAI

SHOSHONE

BENEWAH

LATAH

CLEARWATER

NEZ PERCE

LEWIS

IDAHO

ADAMS

VALLEY

WASHINGTON

PAYETTE

GEM

BOISE

CANYON

ADA

ELMORE

CAMAS

BLAINE

BUTTE

CLARK

FREMONT

JEFFERSON

MADISON

TETON

BONNEVILLE

BINGHAM

CARIBOU

BANNOCK

BEAR LAKE

FRANKLIN

ONEIDA

CASSIA

TWIN FALLS

JEROME

MINIDOKA

LINCOLN

GOODING

OWYHEE

South Idaho

North Idaho, Idaho and Lemhi Counties and points north

PROCEDURE DESCRIPTION	SOUTH	NORTH	SOUTH	NORTH	
1 INITIAL BRIEF OFFICE VISIT			20.00	24.50	1
2 INITIAL LIMITED OFFICE VISIT	28.00	25.00	41.00	45.00	2
3 INITIAL INTERMED OFFICE VISIT			41.00	45.00	3
4 INITIAL COMP OFFICE VISIT	50.00	50.00	68.20*	75.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.70*	9.25*	9.80*	9.80	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.30*	11.30*	13.80*	13.30*	6
7 LIMITED FOLLOWUP OFFICE VISIT	11.80*	11.80*	15.70*	14.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.60*	20.70*	20.00	23.40	8
9 EXTENDED F/U OFFICE VISIT	27.90*	27.00	30.00	33.50	9
10 COMP FOLLOWUP OFFICE VISIT	34.10*	44.10*	64.90*	62.50	10
11 BRIEF FOLLOWUP HOME VISIT	21.60*	23.40*	19.60*	20.00*	11
12 LIMITED FOLLOWUP HOME VISIT			30.00	30.00	12
13 INTERMDIATE F/U HOME VISIT	29.00	32.30*	21.10*	28.00*	13
14 EXTENDED CARE FACILITY VISIT			20.00	14.60*	14
15 BRIEF F/U NURSING HOME VISIT	11.80*	11.80*	15.70*	14.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	38.90*	36.00	48.70*	45.00	16
17 INIT INTERMED HOSPITAL VISIT			68.20*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT	55.00	68.20*	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.30*	11.30*	13.80*	13.30*	19
20 LIMITED F/U HOSPITAL VISIT	13.00*	13.00*	20.00*	14.60*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	23.00	32.00	25.50	21
22 EXTENDED F/U HOSPITAL VISIT			34.40*	38.00	22
23 BRIEF EMERGENCY ROOM VISIT			17.30*	17.50*	23
24 LIMITED EMERGENCY ROOM VISIT			22.00*	24.20*	24
25 INTERMED EMERGENCY ROOM VISIT			34.40*	35.00	25
26 LIMITED CONSULTATION	37.00	37.00*	48.70*	48.70*	26
27 EXTENSIVE CONSULTATION			68.20*	62.50	27
28 COMPREHENSIVE CONSULTATION			78.10*	78.00	28
29 PSYCHOTHERAPY-ONE HOUR			33.50*	34.00*	29
30 PSYCHOTHERAPY-HALF HOUR			31.00*	23.10*	30
31 CHIROPRACTIC OFFICE VISIT			12.20*	11.80*	31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			11.80*	11.80*	33
34 ELECTROCARDIOGRAM (EKG)	29.30*	29.30*	35.00	32.50	34
35 EKG-INTERPRET AND REPORT ONLY	10.00*	15.50	20.00*	15.50	35
36 SPIROMETRY			19.60*	8.00	36
37 ELECTROENCEPHALOGRAM (EEG)			75.80*		37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS				12.10*	40
41 SKIN BIOPSY			34.10*	34.10*	41
42 CHEMOCAUTERY			19.60*	18.00	42
43 RADICAL MASTECTOMY			714.25*	691.20*	43
44 OPEN REDUCTION OF FRACTURE			935.80*	935.80*	44
45 ARTHROCENTESIS-MAJOR JOINT					45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			1072.00*	1072.00*	47
48 NEEDLE PUNCTURE OF BURSA			21.20*	21.00	48
49 BRONCHOSCOPY			185.40*	185.40*	49
50 THORACENTESIS			48.70*	48.70*	50
51 CATHERIZATION OF HEART					51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			974.70*	877.10*	53
54 APPENDECTOMY	442.50*	424.10*	449.80*	410.40*	54
55 SIGMOIDOSCOPY			29.30*	38.90*	55

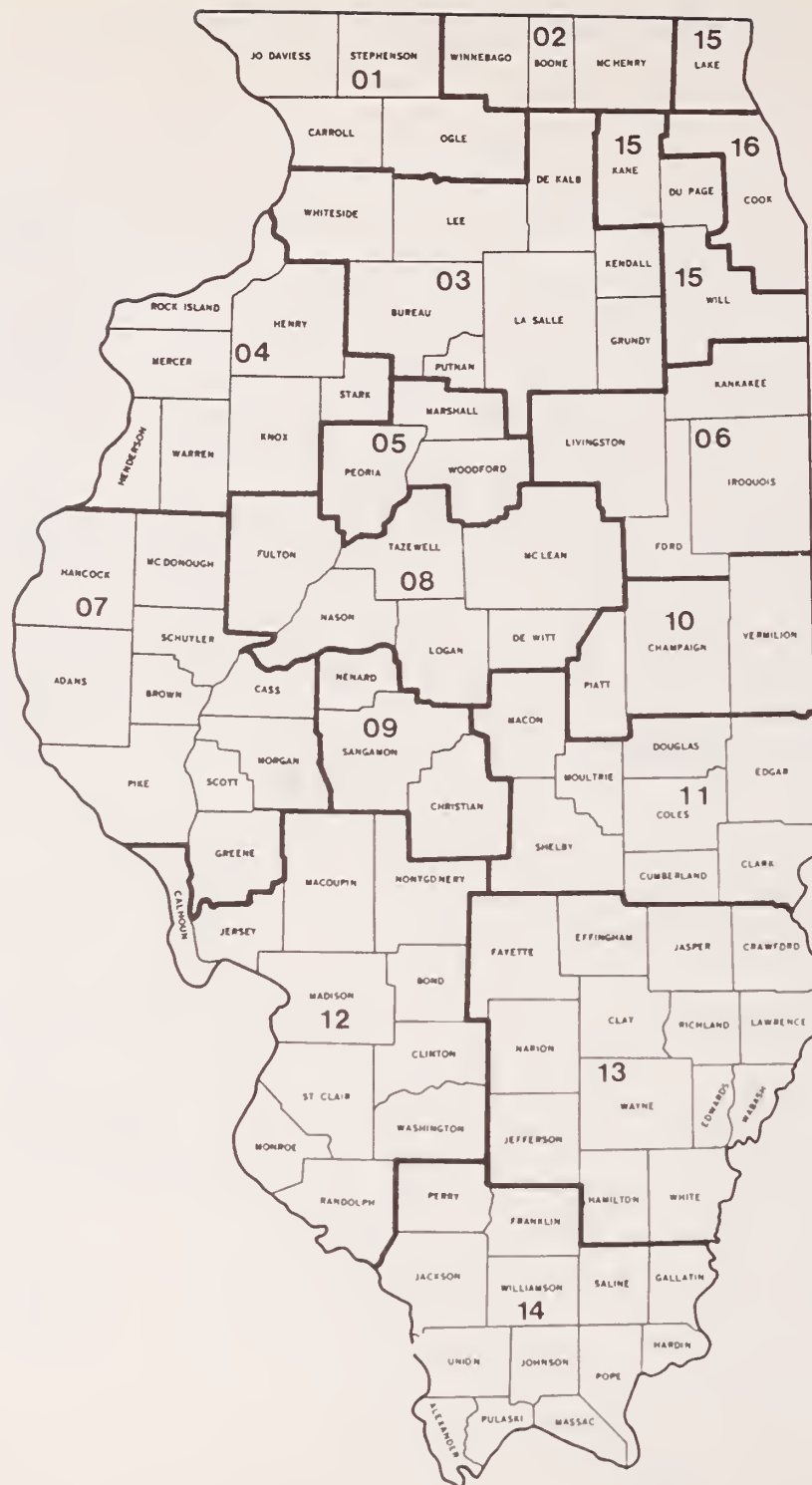
1983 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IDAHO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SOUTH	NORTH	SOUTH	NORTH	
56 HEMORRHOIDECTOMY			338.30*	302.50*	56
57 CHOLECYSTECTOMY			682.10*	615.00	57
58 REPAIR HERNIA			389.90*	389.90*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			75.00	53.30	59
60 DILATION OF URETHRA			15.00	17.70	60
61 PROSTATECTOMY - SUPRAPUBIC			946.90*	806.30*	61
62 ELECTROSECTION-PROSTATE (TUR)			779.80*	779.80*	62
63 HYSTERECTOMY			779.80*	779.80*	63
64 INITIAL COMPLETE EYE EXAM			33.40*	35.40*	64
65 COMPREHENSIVE EYE EXAM			33.40*	35.40*	65
66 EYE EXAM WITH TONOMETRY			13.00	19.00	66
67 EXTRACTION OF LENS			731.10*	950.00*	67
68 CHEST X-RAY - SINGLE VIEW	29.30*	21.00	29.00	29.00	68
69 CHEST X-RAY - TWO VIEWS	29.30	27.30*	41.50	41.50	69
70 X-RAY SPINE			43.00	37.00	70
71 X-RAY HIP			38.00	38.00	71
72 X-RAY UPPER GI TRACT	60.40*	60.40*	110.00	110.00	72
73 X-RAY COLON			110.00	110.00	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD					77
78 CAT SCAN - ABDOMEN					78
79 THREE CHEMISTRY TESTS			23.50	30.50	79
80 NINETEEN CHEMISTRY TESTS			19.00	25.00	80
81 CULTURE - OTHER THAN BLOOD			10.00	17.50	81
82 HEMOGLOBIN			3.00L	4.50L	82
83 AUTOMATED BLOOD COUNT			10.00L	11.50L	83
84 WHITE CELL COUNT			3.00L	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)			10.00L	11.50L	85
86 CHOLESTEROL TEST			7.00L	6.50L	86
87 FLOCCULATION TEST			9.00	9.00	87
88 HEMATOCRIT			3.00L	5.00L	88
89 PLATELET COUNT (REES-ECKER)			8.50	10.00	89
90 POTASSIUM TEST - BLOOD			10.50	11.00	90
91 PROTHROMBIN TIME TEST			7.00L	8.50L	91
92 SEDIMENTATION RATE			6.00L	5.00L	92
93 BLOOD SUGAR			7.00L	6.50L	93
94 BUN-UREA - NITROGEN			7.00L	8.00L	94
95 URIC ACID			7.50L	8.70L	95
96 FECES-OCCULT BLOOD-SCREENING			4.50	6.50	96
97 PAP TEST			7.50L	7.50L	97
98 ROUTINE URINALYSIS			5.00L	5.00L	98
99 CHEMICAL URINALYSIS			4.00	4.60	99
100 PATHOLOGY - THREE SPECIMENS			22.00		100
101 ELEC MONITORING-PACEMAKER					101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			49.40L	50.00L	104
105 WALKER - RENTAL			11.30	11.30	105
106 WHEELCHAIR - RENTAL			25.00L	19.60L	106
107 LIQUID OXYGEN - RENTAL			85.00	85.00	107
108 HOSPITAL BED - PURCHASE			500.00L	500.00L	108
109 WALKER - PURCHASE			57.80	67.50	109
110 WHEELCHAIR - PURCHASE			295.00L	309.00L	110

ILLINOIS

ILLINOIS



"E.D.S. Federal Corporation"

Sixteen localities

1983 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					29.20*	20.00	20.00	36.00	1
2 INITIAL LIMITED OFFICE VISIT	25.00	25.00	20.00	25.00	29.20*	20.00	20.00	36.00	2
3 INITIAL INTERMED OFFICE VISIT					38.90*	32.00	34.10*	58.50*	3
4 INITIAL COMP OFFICE VISIT	35.00	30.00	38.90*	33.75*	38.90*	58.50*	48.70*	65.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.00	11.70*	12.00	3.00	7.70*	3.00	5.80*	5.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.80*	13.60*	11.70*	11.70*	13.60*	15.50*	13.60*	15.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	9.80*	13.60*	11.70*	11.70*	13.60*	15.50*	13.60*	15.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	14.00	16.00	16.00	17.00	23.00	20.00	18.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	18.00	15.00	45.30*	29.20*	23.00	29.20*	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	30.20*	18.00	30.20*	30.20*	30.20*	30.20*	30.20*	10
11 BRIEF FOLLOWUP HOME VISIT	16.00	26.30*	20.00	21.50	25.40*	25.00	26.80*	20.00	11
12 LIMITED FOLLOWUP HOME VISIT					19.60*	27.00	18.90*	20.00	12
13 INTERMEDIATE F/U HOME VISIT	25.00	25.00	25.00	23.70*	21.90*	30.00	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT					21.70*	21.90*	19.70*	20.80*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	15.00	19.60*	13.60*	19.00	19.60*	15.50*	15.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	29.20*	38.90*	48.70*	38.90*	48.70*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					38.90*	68.20*	65.00	68.20*	17
18 INITIAL COMP HOSPITAL VISIT	55.00	50.00	50.00	75.00	75.20*	75.00	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	13.60*	13.60*	13.60*	13.60*	19.60*	15.50*	15.50*	19
20 LIMITED F/U HOSPITAL VISIT	11.70*	13.60*	13.60*	13.60*	13.60*	19.60*	15.50*	15.50*	20
21 INTERMED F/U HOSPITAL VISIT	19.60*	29.20*	18.00	19.60*	25.00	30.00	25.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	30.00	25.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	60.00	60.00	50.00	60.00	55.00	40.00	48.70*	48.70*	26
27 EXTENSIVE CONSULTATION					68.20*	68.20*	75.00	68.20*	27
28 COMPREHENSIVE CONSULTATION					68.20*	68.20*	75.00	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR					54.30*	60.30*	65.00	60.30*	29
30 PSYCHOTHERAPY-HALF HOUR					80.00	100.00	36.20*	33.40*	30
31 CHIROPRACTIC OFFICE VISIT	12.10*	12.10*	12.10*	12.10*	9.80*	12.10*	13.60*	15.00	31
32 INITIAL PHYSIOTHERAPY					25.40*	33.40*	25.40*	25.40*	32
33 F/U PODIATRIC OFFICE VISIT					13.60*	15.50*	13.60*	15.00	33
34 ELECTROCARDIOGRAM (EKG)	22.00	29.20*	25.00	30.00	23.00	25.00	24.50*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	10.00	10.00	10.00	10.00	23.75	9.80*	10.00	35
36 SPIROMETRY					24.50*	24.50*	24.50*	24.50*	36
37 ELECTROENCEPHALOGRAM (EEG)					23.40*	50.00	23.40*	39.40*	37
38 CHEMOTHERAPY					25.00	10.00	24.80*	22.00	38
39 COLLECTION OF SPECIMENS					8.00	1.00	8.00	14.75	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	25.00	25.00	40
41 SKIN BIOPSY					49.20*	19.60*	21.00	38.90*	41
42 CHEMOCAUTERY					49.20*	41.20*	41.50*	44.50*	42
43 RADICAL MASTECTOMY					787.70*	438.50*	682.00*	1145.30*	43
44 OPEN REDUCTION OF FRACTURE					1169.40*	1071.80*	779.60*	584.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	23.40*	19.60*	19.60*	19.60*	23.60*	29.20*	15.50*	24.00	45
46 CORONARY ARTERY BYPASS					3369.80*	3369.80*	2686.50*	2467.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2917.10*	2340.00	1884.70*	1530.10*	47
48 NEEDLE PUNCTURE OF BURSA					19.60*	23.40*	19.60*	29.20*	48
49 BRONCHOSCOPY					175.30*	194.90*	194.90*	204.60*	49
50 THORACENTESIS					85.90*	68.20*	60.75*	37.50*	50
51 CATHETERIZATION OF HEART					400.00	400.00	400.00	393.20*	51
52 INSERTION OF PACEMAKER					1500.00	1445.50*	1489.00*	1488.90*	52
53 PARTIAL COLECTOMY					974.50*	974.50*	1023.00*	1091.40*	53
54 APPENDECTOMY	567.30*	567.30*	567.30*	567.30*	650.00	487.10*	487.10*	487.10*	54
55 SIGMOIDOSCOPY					45.00	38.90*	48.70*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA E.O.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					438.50*	487.10*	292.20*	409.30*	56
57 CHOLECYSTECTOMY					740.00	779.60*	779.60*	876.90*	57
58 REPAIR HERNIA					487.10*	526.10*	487.10*	477.40*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	78.80*	65.00	70.80*	70.00	68.20*	65.00	68.20*	58.50*	59
60 DILATION OF URETHRA					20.00	19.60*	9.80*	23.40*	60
61 PROSTATECTOMY - SUPRAPUBIC					1091.40*	1169.40*	935.40*	935.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	985.50*	952.40*	880.00	948.20*	936.90*	910.90*	854.10*	862.90*	62
63 HYSTERECTOMY					804.30*	974.50*	779.60*	954.90*	63
64 INITIAL COMPLETE EYE EXAM					23.20*	28.00	16.50*	32.00*	64
65 COMPREHENSIVE EYE EXAM					30.40*	22.00	23.30	26.70	65
66 EYE EXAM WITH TONOMETRY					20.00	18.00	25.00	20.00	66
67 EXTRACTION OF LENS					1023.00*	875.00	779.60*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	19.60*	30.00	23.40*	30.00	20.00	12.00	10.50	20.00	68
69 CHEST X-RAY - TWO VIEWS	25.00	31.10*	23.40*	35.10*	33.10*	26.00	29.20*	35.00	69
70 X-RAY SPINE					52.90*	58.50*	34.10*	48.70*	70
71 X-RAY HIP					35.70*	23.40*	29.20*	29.20*	71
72 X-RAY UPPER GI TRACT	19.60*	77.00	68.50*	67.10*	72.70*	73.20*	48.70*	78.00*	72
73 X-RAY COLON					72.70*	73.20*	48.70*	68.20*	73
74 RADIATION THERAPY-LOW VOLT	25.00*	25.00*	25.00*	25.00*	18.60*	18.60*	18.60*	18.60*	74
75 RADIATION THERAPY-SUPER VOLT	33.75*	33.75*	33.75*	33.75*	23.60*	23.60*	23.60*	19.50*	75
76 RADIATION THERAPY-MEGAVOLT					23.60*	23.60*	23.60*	19.50*	76
77 CAT SCAN - HEAD					327.00	327.00	327.00	327.00	77
78 CAT SCAN - ABDOMEN					400.00	400.00	400.00	400.00	78
79 THREE CHEMISTRY TESTS					20.00	25.00	18.00	17.00	79
80 NINETEEN CHEMISTRY TESTS					23.00	26.00	32.00	22.00	80
81 CULTURE - OTHER THAN BLOOD					20.00	21.70	31.00	25.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.70L	7.70L	7.70L	7.70L	86
87 FLOCCULATION TEST					8.00	5.00	8.00	8.00	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	6.00	7.50	10.00	89
90 POTASSIUM TEST - BLOOD					14.50	9.00	8.50	9.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					4.00	3.00	5.50	5.00	96
97 PAP TEST					9.00	9.00	10.00L	10.00	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					3.00	4.00	4.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER					29.60*	40.00	29.60*	35.40*	101
102 OONOR NEPHRECTOMY-UNILATERAL					1675.00	1661.50*	1675.00	1675.00	102
103 KIDNEY TRANSPLANT					2148.70	2148.70	2148.70	2148.70	103
104 HOSPITAL BED - RENTAL					55.00L	42.50	55.00L	48.00	104
105 WALKER - RENTAL					33.20	33.20	33.20	33.20	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	25.00	106
107 LIQUID OXYGEN - RENTAL					42.50	42.50	42.50	42.50	107
108 HOSPITAL BED - PURCHASE					339.03L	339.03L	339.03L	339.03L	108
109 WALKER - PURCHASE					66.00	66.00	66.00	66.00	109
110 WHEELCHAIR - PURCHASE					248.00L	248.00L	248.00L	248.00L	110

1983 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					29.20*	30.00	20.00	22.00	1
2 INITIAL LIMITED OFFICE VISIT	22.00	18.00	16.00	15.00	29.20*	30.00	20.00	22.00	2
3 INITIAL INTERMED OFFICE VISIT					58.50*	29.20*	38.90*	30.00	3
4 INITIAL COMP OFFICE VISIT	34.00*	32.30*	35.00	29.20*	48.70*	70.00	48.70*	58.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.80*	10.00	5.00	8.40*	5.80*	5.80*	5.00	5.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.60*	11.70*	14.40*	11.70*	20.00	13.60*	13.60*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.60*	11.70*	14.40*	11.70*	20.00	13.60*	13.60*	13.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	16.00	15.00	16.00	20.00	18.00	18.00	22.30*	8
9 EXTENDED F/U OFFICE VISIT	20.00	13.00	15.00	20.00	19.60*	25.00	29.20*	23.40*	9
10 COMP FOLLOWUP OFFICE VISIT	30.20*	30.20*	30.20*	30.20*	30.20*	25.00	30.20*	30.20*	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	25.00	25.00	24.00*	30.00	25.00	25.00	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					22.20*	19.30*	19.60*	21.80*	12
13 INTERMDIATE F/U HOME VISIT	25.00	25.00	25.00	24.00*	30.00	30.00	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT					18.70*	25.40*	21.70*	17.00	14
15 BRIEF F/U NURSING HOME VISIT	19.60*	19.60*	15.00	15.50*	19.60*	19.60*	14.00	19.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	45.00	29.20*	38.90*	57.00	48.70*	38.90*	29.20*	16
17 INIT INTERMED HOSPITAL VISIT					58.50*	48.70*	58.50*	60.00	17
18 INITIAL COMP HOSPITAL VISIT	45.00	40.00	60.00	50.00	50.00	90.00	60.00	58.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	13.60*	11.70*	13.60*	15.50*	19.60*	13.60*	13.60*	19
20 LIMITED F/U HOSPITAL VISIT	13.60*	13.60*	11.70*	13.60*	15.50*	19.60*	13.60*	13.60*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	23.40*	19.60*	19.60*	25.00	29.20*	22.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	29.20*	22.00	25.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	25.30*	25.30*	38.90*	29.20*	48.70*	48.70*	38.90*	48.70*	26
27 EXTENSIVE CONSULTATION					48.70*	97.60*	38.90*	48.70*	27
28 COMPREHENSIVE CONSULTATION					48.70*	97.60*	38.90*	48.70*	28
29 PSYCHOTHERAPY-ONE HOUR					38.90*	48.70*	38.90*	33.10*	29
30 PSYCHOTHERAPY-HALF HOUR					41.00*	62.80*	70.00	58.50*	30
31 CHIROPRACTIC OFFICE VISIT	12.10*	12.10*	12.10*	12.10*	15.00	15.00	12.10*	12.10*	31
32 INITIAL PHYSIOTHERAPY					18.90*	25.40*	25.40*	25.40*	32
33 F/U PODIATRIC OFFICE VISIT					15.50*	13.60*	13.60*	13.60*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	25.00	29.20*	29.20*	23.40*	28.00	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	10.00	10.00	10.00	5.80*	10.00	10.00	10.00	35
36 SPIROMETRY					18.60*	24.50*	24.50*	24.50*	36
37 ELECTROENCEPHALOGRAM (EEG)					38.90*	45.30*	23.40*	23.40*	37
38 CHEMOTHERAPY					23.50*	15.00	20.00	25.00	38
39 COLLECTION OF SPECIMENS					7.00	5.00	4.00	8.00	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	25.00	24.50*	40
41 SKIN BIOPSY					29.20*	29.20*	19.60*	48.70*	41
42 CHEMOCAUTERY					47.50*	44.10*	44.10*	40.20*	42
43 RADICAL MASTECTOMY					947.00	974.50*	779.60*	682.00*	43
44 OPEN REDUCTION OF FRACTURE					935.40*	929.80*	695.60*	876.90*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.20*	23.00	30.00	19.60*	9.80*	12.30*	19.60*	23.60*	45
46 CORONARY ARTERY BYPASS					3433.90*	3210.70*	3369.80*	3369.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2534.00*	1549.50*	1611.00*	2100.00	47
48 NEEDLE PUNCTURE OF BURSA					33.30*	23.40*	25.40*	19.60*	48
49 BRONCHOSCOPY					194.90*	194.90*	243.60*	243.60*	49
50 THORACENTESIS					68.20*	31.50*	85.90*	85.90*	50
51 CATHERIZATION OF HEART					400.00	330.90*	400.00	400.00	51
52 INSERTION OF PACEMAKER					1444.60*	1302.60*	1342.60*	1271.40*	52
53 PARTIAL COLECTOMY					1071.80*	974.50*	974.50*	974.50*	53
54 APPENDECTOMY	567.30*	567.30*	567.30*	567.30*	389.80*	409.30*	487.10*	389.80*	54
55 SIGMOIDOSCOPY					48.70*	48.70*	45.00	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORRHOIDECTOMY					487.10*	389.80*	389.80*	438.50*	56
57 CHOLECYSTECTOMY					701.60*	779.60*	730.80*	750.30*	57
58 REPAIR HERNIA					487.10*	487.10*	419.00*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	65.00	70.80*	70.80*	70.80*	97.60*	68.20*	58.50*	68.20*	59
60 DILATION OF URETHRA					19.60*	20.00	19.60*	19.60*	60
61 PROSTATECTOMY - SUPRAPUBIC					779.60*	682.00*	974.50*	779.60*	61
62 ELECTROSECTION-PROSTATE (TUR)	955.20*	800.00	983.00*	961.70*	721.00*	800.00	834.10*	756.30*	62
63 HYSTERECTOMY					935.40*	876.90*	730.80*	876.90*	63
64 INITIAL COMPLETE EYE EXAM					30.00	35.10*	19.40*	19.60*	64
65 COMPREHENSIVE EYE EXAM					23.30	30.70	23.30	30.40*	65
66 EYE EXAM WITH TONOMETRY					20.00	20.00	20.00	20.00	66
67 EXTRACTION OF LENS					779.60*	876.90*	850.00	974.50*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	19.60*	20.00	29.20*	11.60	20.00	20.00	28.00	68
69 CHEST X-RAY - TWO VIEWS	33.10*	19.60*	29.20*	29.20*	35.00	29.20*	29.20*	35.00	69
70 X-RAY SPINE					38.90*	48.70*	48.70*	21.00	70
71 X-RAY HIP					38.90*	40.00	31.70*	32.20*	71
72 X-RAY UPPER GI TRACT	58.50*	60.60*	58.50*	68.20*	32.00	68.20*	68.20*	68.20*	72
73 X-RAY COLON					30.00	68.20*	68.20*	32.00	73
74 RADIATION THERAPY-LOW VOLT	25.00*	25.00*	25.00*	25.00*	18.60*	18.60*	19.50*	18.60*	74
75 RADIATION THERAPY-SUPER VOLT	21.00	33.75*	33.75*	33.75*	23.60*	23.60*	38.30*	23.60*	75
76 RADIATION THERAPY-MEGAVOLT					23.60*	23.60*	38.30*	23.60*	76
77 CAT SCAN - HEAD					327.00	327.00	327.00	327.00	77
78 CAT SCAN - ABDOMEN					400.00	400.00	400.00	400.00	78
79 THREE CHEMISTRY TESTS					25.00	40.00	20.00	23.00	79
80 NINETEEN CHEMISTRY TESTS					26.00	30.00	30.00	30.00	80
81 CULTURE - OTHER THAN BLOOD					34.00	24.00	14.00	26.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.70L	5.00	7.70L	7.70L	86
87 FLOCCULATION TEST					12.00	8.00	8.00	8.70	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					10.00	8.00	8.00	7.00	89
90 POTASSIUM TEST - BLOOD					12.00	10.00	7.00	10.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					8.00	6.00	4.00	4.50	96
97 PAP TEST					10.00L	10.00L	10.00	10.00	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					6.00	5.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER					40.00	29.60*	29.60*	29.60*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1675.00	1647.90*	1615.60*	1675.00	102
103 KIDNEY TRANSPLANT					2148.70	2148.70	2148.70	2148.70	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	55.00L	104
105 WALKER - RENTAL					33.20	33.20	15.00	33.20	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					42.50	42.50	42.50	42.50	107
108 HOSPITAL BED - PURCHASE					339.03L	339.03L	339.03L	339.03L	108
109 WALKER - PURCHASE					66.00	66.00	66.00	66.00	109
110 WHEELCHAIR - PURCHASE					248.00L	248.00L	248.00L	248.00L	110

1983 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
1 INITIAL BRIEF OFFICE VISIT					35.10*	29.20*	29.20*	29.20*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	20.00	19.60*	23.40*	35.10*	29.20*	29.20*	29.20*	2
3 INITIAL INTERMED OFFICE VISIT					38.90*	34.10*	48.70*	48.70*	3
4 INITIAL COMP OFFICE VISIT	29.30*	33.90*	31.70*	29.00*	58.50*	51.40*	48.70*	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.00	7.70*	7.70*	4.00*	5.80*	5.80*	4.00*	5.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	17.00	11.50*	9.80*	10.50*	17.40*	16.00*	13.60*	18.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.00	11.50*	9.80*	10.50*	17.40*	16.00*	13.60*	18.00	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	14.00	19.60*	19.60*	23.40*	17.00	19.60*	19.60*	8
9 EXTENDED F/U OFFICE VISIT	25.00	20.00	21.00	13.10*	18.90*	15.00	17.90*	17.90*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	30.20*	30.00	30.20*	30.20*	30.20*	30.20*	30.20*	10
11 BRIEF FOLLOWUP HOME VISIT	26.20*	25.90*	20.50*	23.00	30.00	30.00	25.00	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					25.60*	23.10*	18.90*	15.00	12
13 INTERMDIATE F/U HOME VISIT	20.00	25.00	20.50*	23.10*	30.00	30.00	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT					22.40*	15.90*	19.70*	20.00	14
15 BRIEF F/U NURSING HOME VISIT	17.00	19.60*	13.60*	15.00	19.60*	10.00	19.60*	19.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	38.90*	29.20*	29.20*	29.20*	58.50*	38.90*	38.90*	38.90*	16
17 INIT INTERMED HOSPITAL VISIT					55.00	60.00	50.00	50.00	17
18 INITIAL COMP HOSPITAL VISIT	65.00	70.00	49.20*	45.00	65.00	78.00*	75.00	58.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	13.60*	13.60*	11.70*	15.50*	15.50*	15.50*	15.50*	19
20 LIMITED F/U HOSPITAL VISIT	13.60*	13.60*	13.60*	11.70*	15.50*	15.50*	15.50*	15.50*	20
21 INTERMED F/U HOSPITAL VISIT	19.60*	20.00	19.60*	19.60*	25.00	19.60*	27.50	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					25.00	19.60*	27.50	25.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	38.90*	48.70*	43.90*	48.70*	48.70*	23.40*	43.90*	48.70*	26
27 EXTENSIVE CONSULTATION					68.20*	48.70*	48.70*	58.50*	27
28 COMPREHENSIVE CONSULTATION					68.20*	48.70*	48.70*	58.50*	28
29 PSYCHOTHERAPY-ONE HOUR					35.00	48.70*	38.90*	29.20*	29
30 PSYCHOTHERAPY-HALF HOUR					70.00	66.20*	39.60*	75.00	30
31 CHIROPRACTIC OFFICE VISIT	12.10*	12.10*			12.10*	12.10*	15.00	12.10*	31
32 INITIAL PHYSIOTHERAPY					25.40*	25.40*	25.40*	25.40*	32
33 F/U PODIATRIC OFFICE VISIT					15.50*	15.50*	13.60*	13.60*	33
34 ELECTROCARDIOGRAM (EKG)	27.50	25.00	23.40*	25.00	27.00	25.00	23.40*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	10.00	10.00	10.00	10.00	10.00	10.00	10.00	35
36 SPIROMETRY					25.25	24.50*	24.50*	25.25	36
37 ELECTROENCEPHALOGRAM (EEG)					50.00	38.10*	42.60*	50.00	37
38 CHEMOTHERAPY					25.00	19.70*	24.70*	15.00	38
39 COLLECTION OF SPECIMENS					3.00	13.00	6.00	3.00	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	25.00	25.00	40
41 SKIN BIOPSY					48.70*	48.70*	29.20*	50.00	41
42 CHEMOCAUTERY					46.10*	49.30*	47.40*	45.60*	42
43 RADICAL MASTECTOMY					787.70*	584.70*	536.00*	779.60*	43
44 OPEN REDUCTION OF FRACTURE					990.00	876.90*	682.00*	1169.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	23.30*	15.90*	19.60*	7.70*	15.00	15.50*	23.60*	25.00	45
46 CORONARY ARTERY BYPASS					2977.50*	2789.60*	2413.80*	2630.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2160.20*	1800.00	1569.20*	2277.00*	47
48 NEEDLE PUNCTURE OF BURSA					19.60*	11.70*	19.60*	19.60*	48
49 BRONCHOSCOPY					243.60*	292.20*	146.20*	194.90*	49
50 THORACENTESIS					48.70*	78.00*	60.75*	68.20*	50
51 CATHETERIZATION OF HEART					400.00	383.50*	400.00	397.20*	51
52 INSERTION OF PACEMAKER					1486.75*	1436.00*	1423.50*	1302.10*	52
53 PARTIAL COLECTOMY					1169.40*	1035.00	779.60*	828.25*	53
54 APPENDECTOMY	567.30*	567.30*	567.30*	567.30*	584.70*	584.70*	487.10*	487.10*	54
55 SIGMOIDOSCOPY					48.70*	33.10*	48.70*	29.20*	55

1983 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
56 HEMORRHOIDECTOMY					467.50*	500.00	341.10*	341.10*	56
57 CHOLECYSTECTOMY					935.40*	800.00	779.60*	779.60*	57
58 REPAIR HERNIA					487.10*	487.10*	438.50*	467.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	65.00	70.80*	70.80*	70.80*	58.50*	48.70*	68.20*	68.20*	59
60 DILATION OF URETHRA					9.80*	19.60*	21.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC					876.90*	1071.80*	974.50*	950.00	61
62 ELECTROSECTION-PROSTATE (TUR)	880.00				800.00	862.20*	847.00*	943.00*	62
63 HYSTERECTOMY					828.25*	974.50*	779.60*	876.90*	63
64 INITIAL COMPLETE EYE EXAM					28.00	32.40*	29.60	18.20*	64
65 COMPREHENSIVE EYE EXAM					29.30	30.70	32.00*	23.30	65
66 EYE EXAM WITH TONOMETRY					20.00	20.00	20.00	30.00	66
67 EXTRACTION OF LENS					779.60*	779.60*	925.70*	896.50*	67
68 CHEST X-RAY - SINGLE VIEW	23.00	19.60*	19.60*	20.00	20.00	16.00	20.00	9.00	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	19.60*	29.20*	29.20*	29.20*	24.70*	29.20*	69
70 X-RAY SPINE					38.90*	48.70*	38.90*	48.70*	70
71 X-RAY HIP					29.20*	29.20*	26.60*	25.00	71
72 X-RAY UPPER GI TRACT	57.30*	58.70*	59.90*	69.00*	70.20*	68.20*	48.70*	58.50*	72
73 X-RAY COLON					68.20*	68.20*	54.20*	58.50*	73
74 RADIATION THERAPY-LOW VOLT	25.00*	25.00*	25.00*	25.00*	18.60*	18.60*	18.60*	19.50*	74
75 RADIATION THERAPY-SUPER VOLT	33.75*	33.75*	33.75*	24.00	23.60*	23.60*	23.60*	9.80*	75
76 RADIATION THERAPY-MEGAVOLT					23.60*	23.60*	23.60*	9.80*	76
77 CAT SCAN - HEAD					327.00	327.00	327.00	327.00	77
78 CAT SCAN - ABDOMEN					400.00	400.00	400.00	400.00	78
79 THREE CHEMISTRY TESTS					18.00	17.00	25.00	21.00	79
80 NINETEEN CHEMISTRY TESTS					30.00	28.00	40.00	20.00	80
81 CULTURE - OTHER THAN BLOOD					18.00	17.00	17.00	20.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	9.00	10.00L	10.00	83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	9.00	10.00L	10.00	85
86 CHOLESTEROL TEST					7.70L	7.70L	7.70L	7.70L	86
87 FLOCCULATION TEST					7.00	6.50	6.00	6.00	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					7.00	10.00	9.00	8.00	89
90 POTASSIUM TEST - BLOOD					8.00	7.00	9.00	6.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	6.00	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00	93
94 BUN-UREA - NITROGEN					7.00L	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.50	5.00	6.00	96
97 PAP TEST					10.00	9.00	9.00	8.50	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00	5.00	98
99 CHEMICAL URINALYSIS					4.00	4.00	5.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER					36.50*	40.00	29.60*	33.90*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1675.00	1649.10*	1675.00	1675.00	102
103 KIDNEY TRANSPLANT					2148.70	2148.70	2148.70	2148.70	103
104 HOSPITAL BED - RENTAL					55.00L	55.00L	55.00L	50.00	104
105 WALKER - RENTAL					33.20	33.20	27.50	14.00	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	28.80	25.00	106
107 LIQUID OXYGEN - RENTAL					42.50	42.50	42.50	42.50	107
108 HOSPITAL BED - PURCHASE					339.03L	339.03L	339.03L	339.03L	108
109 WALKER - PURCHASE					66.00	66.00	66.00	66.00	109
110 WHEELCHAIR - PURCHASE					248.00L	248.00L	248.00L	248.00L	110

1983 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	16	13	14	15	16	
1 INITIAL BRIEF OFFICE VISIT					29.20*	25.00	30.00	19.60*	1
2 INITIAL LIMITED OFFICE VISIT	18.00	19.60*	25.00	29.20*	29.20*	25.00	30.00	19.60*	2
3 INITIAL INTERMED OFFICE VISIT					22.00	25.00	48.70*	58.50*	3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	29.20*	35.00	19.60*	40.00	74.00	65.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.80*	4.00*	16.40*	13.90*	7.70*	7.50*	7.70*	11.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00	11.70*	19.00	20.00	15.00	16.00	16.90*	25.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00	11.70*	19.00	20.00	15.00	16.00	16.90*	25.00	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	15.00	20.00	20.00	19.60*	16.00	24.00	25.00	8
9 EXTENDED F/U OFFICE VISIT	17.00	13.00	20.00	22.00	25.00	18.00	23.40*	29.20*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	30.20*	30.20*	25.00	30.20*	20.00	30.20*	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	25.00	29.90*	27.80*	29.40*	30.00	34.40*	35.00	11
12 LIMITED FOLLOWUP HOME VISIT					22.30*	23.50*	23.00*	29.20*	12
13 INTERMDIATE F/U HOME VISIT	25.00	25.00	25.00	25.00	30.00	30.00	30.00	35.00	13
14 EXTENDED CARE FACILITY VISIT					19.30*	18.90*	21.50*	29.20*	14
15 BRIEF F/U NURSING HOME VISIT	15.50*	11.70*	23.40*	15.40*	13.60*	15.50*	23.00	19.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	38.90*	48.70*	48.70*	38.90*	38.90*	58.50*	68.20*	16
17 INIT INTERMED HOSPITAL VISIT					68.20*	62.30*	75.00	75.00	17
18 INITIAL COMP HOSPITAL VISIT	40.00	50.00	60.00	65.00	40.00	78.00*	80.00	85.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	18.00	11.70*	19.60*	19.60*	19.60*	11.70*	19.60*	30.00	19
20 LIMITED F/U HOSPITAL VISIT	18.00	11.70*	19.60*	19.60*	19.60*	11.70*	19.60*	30.00	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	15.00	25.00	30.00	28.00	25.00	32.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT					28.00	25.00	32.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	23
24 LIMITED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	24
25 INTERMED EMERGENCY ROOM VISIT					100.00	100.00	100.00	100.00	25
26 LIMITED CONSULTATION	18.00*	29.20*	19.60*	68.20*	58.50*	35.10*	68.20*	68.20*	26
27 EXTENSIVE CONSULTATION					58.50*	60.00	97.60*	97.30*	27
28 COMPREHENSIVE CONSULTATION					58.50*	60.00	97.60*	97.30*	28
29 PSYCHOTHERAPY-ONE HOUR					48.70*	50.00	48.70*	65.00	29
30 PSYCHOTHERAPY-HALF HOUR					80.00	80.00	67.00*	90.00	30
31 CHIROPRACTIC OFFICE VISIT					12.10*	10.30*	18.00	16.10*	31
32 INITIAL PHYSIOTHERAPY					25.40*	25.40*	33.00*	19.60*	32
33 F/U PODIATRIC OFFICE VISIT					11.70*	11.70*	19.60*	18.00	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	25.00	28.00	25.00	20.00	25.00	25.00	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	10.00	10.00	7.50	10.00	9.80*	10.00	7.50	35
36 SPIROMETRY					24.50*	24.50*	25.25	15.20*	36
37 ELECTROENCEPHALOGRAM (EEG)					29.80*	23.40*	29.20*	68.20*	37
38 CHEMOTHERAPY					24.00*	23.70*	25.00	30.00	38
39 COLLECTION OF SPECIMENS					7.00	5.00	6.75	8.50	39
40 DEBRIDEMENT OF NAILS					25.00	24.80*	25.00	25.00	40
41 SKIN BIOPSY					48.70*	50.00	48.70*	48.70*	41
42 CHEMOCAUTERY					49.10*	43.70*	42.70*	43.60*	42
43 RADICAL MASTECTOMY					487.10*	787.70*	974.50*	1071.80*	43
44 OPEN REDUCTION OF FRACTURE					779.60*	935.40*	974.50*	1461.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	19.60*	17.50*	38.90*	30.00	13.60*	11.70*	20.00	35.00	45
46 CORONARY ARTERY BYPASS					3369.80*	2774.80*	3861.10*	4500.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2363.10*	1658.70*	1948.60*	2234.00*	47
48 NEEDLE PUNCTURE OF BURSA					29.20*	19.60*	29.20*	35.00	48
49 BRONCHOSCOPY					194.90*	175.30*	250.00	243.60*	49
50 THORACENTESIS					48.70*	68.20*	97.60*	97.30*	50
51 CATHETERIZATION OF HEART					400.00	400.00	400.00	400.00	51
52 INSERTION OF PACEMAKER					1500.00	1292.10*	1342.10*	1331.60*	52
53 PARTIAL COLECTOMY					1169.40*	876.90*	1315.40*	1461.60*	53
54 APPENDECTOMY	567.30*	567.30*	567.30*	682.00*	584.70*	389.80*	650.00	682.00*	54
55 SIGMOIDOSCOPY					40.00	38.90*	48.70*	46.30*	55

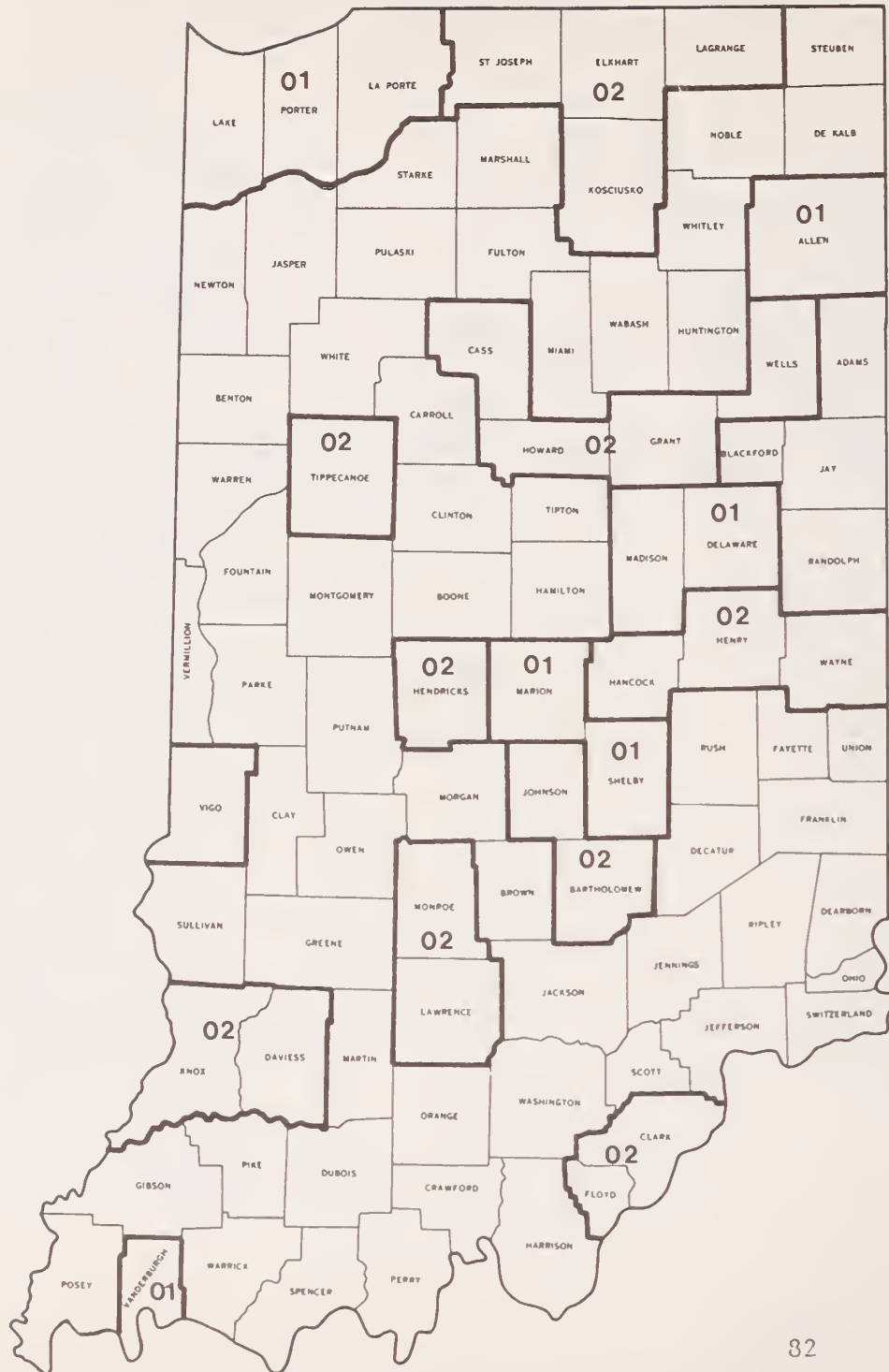
1983 PREVAILING CHARGE SUMMARY DATA E.D.S. FEDERAL CORPORATION
LOCALITY DESIGNATION FOR GENERAL PRACTICE

ILLINOIS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	16	13	14	15	16	
56 HEMORRHOIDECTOMY					341.10*	350.90*	487.10*	500.00	56
57 CHOLECYSTECTOMY					779.60*	760.00*	974.50*	974.50*	57
58 REPAIR HERNIA					480.00	389.80*	584.70*	584.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	70.80*	70.80*			68.20*	58.50*	97.60*	100.00	59
60 DILATION OF URETHRA					19.60*	11.70*	15.00	23.40*	60
61 PROSTATECTOMY - SUPRAPUBIC					779.60*	984.10*	1091.40*	1212.00	61
62 ELECTROSECTION-PROSTATE (TUR)					1011.30*	760.00*	927.70*	1120.50*	62
63 HYSTERECTOMY					779.60*	935.40*	1120.50*	1169.40*	63
64 INITIAL COMPLETE EYE EXAM					23.60*	21.80*	36.00	38.90*	64
65 COMPREHENSIVE EYE EXAM					22.20*	23.30	30.40	32.00	65
66 EYE EXAM WITH TONOMETRY					20.00	20.00	20.00	18.60*	66
67 EXTRACTION OF LENS					876.90*	779.60*	1071.80*	1169.40*	67
68 CHEST X-RAY - SINGLE VIEW	19.60*	22.50	30.00	25.90*	20.00	20.00	15.00	25.00	68
69 CHEST X-RAY - TWO VIEWS	19.60*	29.20*	31.10*	31.10*	35.00	35.00	35.00	35.00	69
70 X-RAY SPINE					42.90*	51.50*	48.70*	60.00	70
71 X-RAY HIP					31.10*	37.00*	29.20*	38.90*	71
72 X-RAY UPPER GI TRACT	49.50*	68.20*	58.50*	68.20*	58.50*	79.00	58.50*	83.00	72
73 X-RAY COLON					58.50*	75.50	58.50*	68.20*	73
74 RADIATION THERAPY-LOW VOLT	25.00*	25.00*	25.00*	25.00	18.60*	19.50*	29.10*	30.70*	74
75 RADIATION THERAPY-SUPER VOLT	33.75*	33.75*	27.00	30.70*	23.60*	23.60*	14.70*	30.70*	75
76 RADIATION THERAPY-MEGAVOLT					23.60*	23.60*	14.70*	30.70*	76
77 CAT SCAN - HEAD					327.00	327.00	327.00	327.00	77
78 CAT SCAN - ABDOMEN					400.00	400.00	400.00	400.00	78
79 THREE CHEMISTRY TESTS					24.00	32.00	27.00	24.00	79
80 NINETEEN CHEMISTRY TESTS					25.00	40.00	30.00	30.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	24.50	33.00	25.00	81
82 HEMOGLOBIN					3.00L	3.00	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					10.00L	10.00L	10.00L	10.00L	83
84 WHITE CELL COUNT					3.30	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	10.00L	85
86 CHOLESTEROL TEST					7.70L	7.70L	7.70L	7.70L	86
87 FLOCCULATION TEST					2.00	8.00	8.00	8.00	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					9.00	10.00	10.00	8.25	89
90 POTASSIUM TEST - BLOOD					8.00	12.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					6.60	7.00L	7.00L	7.00L	94
95 URIC ACID					7.00L	7.00L	7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	6.00	7.00	96
97 PAP TEST					10.00	10.00	10.00L	10.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					4.00	3.00	5.00	9.00	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER					29.60*	29.60*	30.00	50.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					1675.00	1675.00	1432.00*	1511.80*	102
103 KIDNEY TRANSPLANT					2148.70	2148.70	2148.70	2148.70	103
104 HOSPITAL BED - RENTAL					55.00L	40.00	55.00L	55.00L	104
105 WALKER - RENTAL					33.20	33.20	18.00	33.20	105
106 WHEELCHAIR - RENTAL					30.00L	30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL					42.50	42.50	42.50	50.00	107
108 HOSPITAL BED - PURCHASE					339.03L	339.03L	339.03L	339.03L	108
109 WALKER - PURCHASE					66.00	66.00	62.95	66.00	109
110 WHEELCHAIR - PURCHASE					248.00L	248.00L	248.00L	248.00L	110

INDIANA

INDIANA



Three Localities:

- 01 - Metropolitan
- 02 - Urban
- 03 - Rural

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

INDIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
1 INITIAL BRIEF OFFICE VISIT				19.50*	15.60*	13.60*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	19.00	17.50*	19.50*	19.50*	17.50*	2
3 INITIAL INTERMED OFFICE VISIT				58.50*	28.00	20.00*	3
4 INITIAL COMP OFFICE VISIT	30.00	39.00	30.00	68.20*	58.50*	58.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.60*	13.60*	11.70*	15.60*	13.60*	11.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.60*	13.60*	11.70*	19.50*	13.60*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	19.00	17.50*	19.50*	20.00	17.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	19.00	17.50*	19.50*	19.50*	19.00	8
9 EXTENDED F/U OFFICE VISIT	21.40*	19.50*	19.50*	29.20*	23.40*	20.00*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	39.00	30.00	68.20*	58.50*	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	23.40*	19.50*	23.40*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT				25.30*	25.30*	20.00	12
13 INTERMDIATE F/U HOME VISIT	29.20*	23.40*	20.00	25.30*	25.30*	20.00	13
14 EXTENDED CARE FACILITY VISIT				29.20*	20.00	19.50*	14
15 BRIEF F/U NURSING HOME VISIT	19.50*	19.50*	19.50*	20.00	19.50*	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	39.00*	78.00*	48.70*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT				78.00*	68.20*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	39.00*	58.50*	68.20*	39.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.60*	13.60*	11.70*	19.50*	13.60*	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	15.60*	13.60*	11.70*	19.50*	15.60*	11.70*	20
21 INTERMED F/U HOSPITAL VISIT	19.50*	29.20*	19.50*	29.20*	29.20*	30.00	21
22 EXTENDED F/U HOSPITAL VISIT							22
23 BRIEF EMERGENCY ROOM VISIT				19.50*	15.60*	13.60*	23
24 LIMITED EMERGENCY ROOM VISIT				29.20*	19.50*	19.50*	24
25 INTERMED EMERGENCY ROOM VISIT				56.30*	45.00	56.30*	25
26 LIMITED CONSULTATION							26
27 EXTENSIVE CONSULTATION				85.00	68.20*	68.20*	27
28 COMPREHENSIVE CONSULTATION				80.00	70.60*	69.40*	28
29 PSYCHOTHERAPY-ONE HOUR				48.70*	58.50*	58.50*	29
30 PSYCHOTHERAPY-HALF HOUR				35.10*	35.00	29.20*	30
31 CHIROPRACTIC OFFICE VISIT				15.00	15.00	13.00	31
32 INITIAL PHYSIOTHERAPY				11.70*	11.70*	16.00	32
33 F/U PODIATRIC OFFICE VISIT				15.60*	15.00	11.70*	33
34 ELECTROCARDIOGRAM (EKG)				28.00 P	25.00 P	28.00 P	34
35 EKG-INTERPRET AND REPORT ONLY	15.00 P	15.00 P	15.00 P	15.60*P	15.00 P	15.00 P	35
36 SPIROMETRY				6.00	9.70*	9.70*	36
37 ELECTROENCEPHALOGRAM (EEG)				50.00 P	68.20*P	65.00 P	37
38 CHEMOTHERAPY							38
39 COLLECTION OF SPECIMENS				9.00	6.00	7.00	39
40 DEBRIDEMENT OF NAILS				19.50*	19.50*	15.00	40
41 SKIN BIOPSY				35.00	35.00	35.00	41
42 CHEMOCAUTERY				29.60*	25.00	34.90*	42
43 RADICAL MASTECTOMY				682.20*	682.20*	682.20*	43
44 OPEN REDUCTION OF FRACTURE				974.50*	877.10*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	39.00*	29.20*	20.00	31.20*	29.20*	25.00	45
46 CORONARY ARTERY BYPASS				3915.30*	3915.30*	3915.30*	46
47 TOTAL ARTIFICIAL HIP REPLACE				2338.80*	1949.00*	1949.00*	47
48 NEEDLE PUNCTURE OF BURSA				29.20*	29.20*	29.20*	48
49 BRONCHOSCOPY				194.90*	194.90*	194.90*	49
50 THORACENTESIS				48.70*	48.70*	48.70*	50
51 CATHERIZATION OF HEART				526.20*	631.50*	631.50*	51
52 INSERTION OF PACEMAKER				1013.50*	974.50*	896.50*	52
53 PARTIAL COLECTOMY				974.50*	877.10*	779.60*	53
54 APPENDECTOMY				487.25*	438.50*	341.10*	54
55 SIGMOIDOSCOPY				48.70*	39.00*	39.00*	55

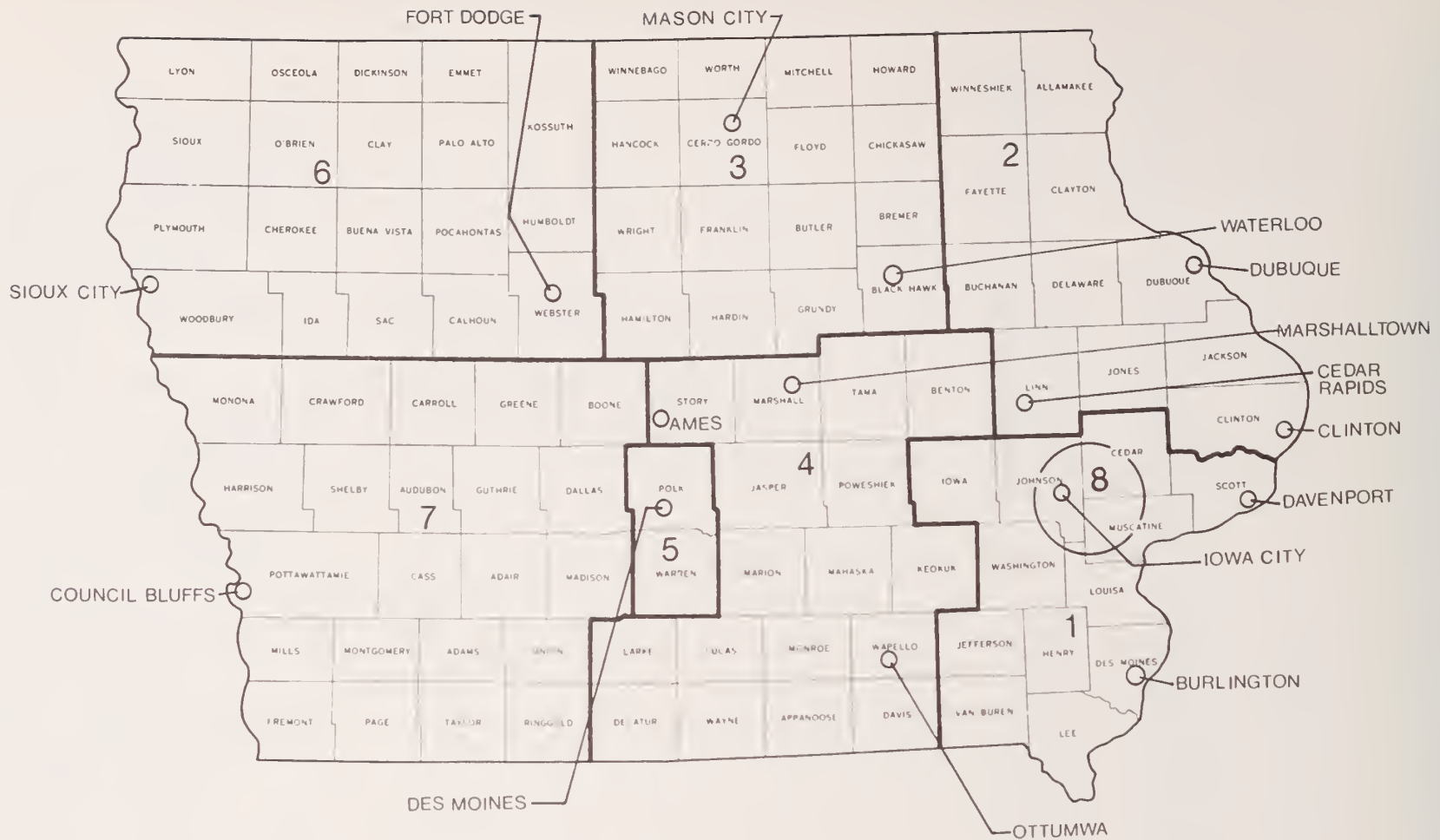
1983 PREVAILING CHARGE SUMMARY DATA MUTUAL MEDICAL INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

INDIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	REG 01	REG 02	REG 03	REG 01	REG 02	REG 03	
56 HEMORRHOIDECTOMY				487.25*	389.80*	425.00	56
57 CHOLECYSTECTOMY				779.60*	682.20*	584.70*	57
58 REPAIR HERNIA				487.25*	389.80*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				68.20*	75.00	68.20*	59
60 DILATION OF URETHRA				19.50*	19.50*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC				974.50*	779.60*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)				935.50*	935.50*	935.50*	62
63 HYSTERECTOMY				985.40*	877.10*	633.40*	63
64 INITIAL COMPLETE EYE EXAM				32.00	29.20*	32.00	64
65 COMPREHENSIVE EYE EXAM							65
66 EYE EXAM WITH TONOMETRY							66
67 EXTRACTION OF LENS				974.50*	779.60*	828.30*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*P	19.50*P	19.50*P	29.20*P	28.00 P	19.50*P	68
69 CHEST X-RAY - TWO VIEWS	29.20*P	29.20*P	29.20*P	29.20*P	29.20*P	29.20*P	69
70 X-RAY SPINE				40.75 P	39.00*P	33.10*P	70
71 X-RAY HIP				30.00 P	29.20*P	24.40*P	71
72 X-RAY UPPER GI TRACT	58.50*P	58.50*P	48.70*P	68.20*P	58.50*P	48.70*P	72
73 X-RAY COLON				58.50*P	58.50*P	25.00 P	73
74 RADIATION THERAPY-LOW VOLT				29.20*	27.00	17.50*	74
75 RADIATION THERAPY-SUPER VOLT				26.50	27.30*	17.50*	75
76 RADIATION THERAPY-MEGAVOLT				22.00	22.00	22.00	76
77 CAT SCAN - HEAD				300.00 P	300.00 P	300.00 P	77
78 CAT SCAN - ABOOMEN				265.60*P	238.20*P	237.60*P	78
79 THREE CHEMISTRY TESTS							79
80 NINETEEN CHEMISTRY TESTS							80
81 CULTURE - OTHER THAN BLOOD				18.00 P	12.50 P	13.00 P	81
82 HEMOGLOBIN				5.00 P	5.00 P	4.00 P	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				3.00LP	3.00LP	3.00LP	84
85 COMPLETE BLOOD COUNT (CBC)				8.40LP	8.40LP	8.40LP	85
86 CHOLESTEROL TEST				6.00LP	6.00LP	6.00LP	86
87 FLOCCULATION TEST				8.00 P	5.30 P	8.00 P	87
88 HEMATOCRIT				3.00LP	3.00LP	3.00LP	88
89 PLATELET COUNT (REES-ECKER)				9.00 P	8.00 P	10.00 P	89
90 POTASSIUM TEST - BLOOD				9.00 P	8.00 P	12.00 P	90
91 PROTHROMBIN TIME TEST				6.00LP	6.00LP	6.00LP	91
92 SEDIMENTATION RATE				4.20LP	4.20LP	4.20LP	92
93 BLOOD SUGAR				6.00LP	6.00LP	6.00LP	93
94 BUN-UREA - NITROGEN				6.00LP	6.00LP	6.00LP	94
95 URIC ACID				6.00LP	6.00LP	6.00LP	95
96 FECES-OCCULT BLOOD-SCREENING				5.00 P	5.00 P	6.00 P	96
97 PAP TEST				7.50LP	7.50LP	7.50LP	97
98 ROUTINE URINALYSIS				4.00LP	4.00LP	4.00LP	98
99 CHEMICAL URINALYSIS							99
100 PATHOLOGY - THREE SPECIMENS				30.00 P	25.00 P	32.75 P	100
101 ELEC MONITORING-PACEMAKER				31.00 P	25.00 P	27.50 P	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				50.00L	50.00L	50.00L	104
105 WALKER - RENTAL				12.00	12.90	20.00	105
106 WHEELCHAIR - RENTAL				27.60L	27.60L	27.60L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE				440.50L	440.50L	440.50L	108
109 WALKER - PURCHASE				58.00	54.10	52.00	109
110 WHEELCHAIR - PURCHASE				279.00L	279.00L	279.00L	110

IOWA

IOWA



Eight Localities:

- 01 - Lee, Van Buren, Des Moines, Henry, Jefferson, Louisa, Washington, Muscatine, Johnson (excluding Iowa City), Iowa, Edar & Scott Counties
- 02 - Clinton, Jackson, Jones, Linn, Buchanan, Delaware, Dubuque, Clayton, Fayette, Allamakee & Winneshiek Counties
- 03 - Black Hawk, Grundy, Hardin, Hamilton, Wright, Cerro Gordo, Floyd, Chickasaw, Howard, Mitchell, Worth, Winnebago, Hancock, Franklin, Butler & Brenner
- 04 - Denton, Tanna, Marshall, Story, Casper, Paweshiek, Keokuk, Mahaska, Marion, Wapello, Monroe, Lucas, Clarke, Davis Appanoose, Decator Counties

05 - Polk & Warren Counties

06 - Kossuth, Humboldt, Webster, Calhoun, Pocahontas, Palo Alto, Emmet, Dickinson, Buena Vista, Clay, Sac, Ida, Woodbury, Cherokee, Plymouth, O'Brien, Sioux, Lyon & Osceola Counties

07 - Monona, Crawford, Carroll, Greene, Boone, Harrison, Shelby, Audubon, Guthrie, Dallas, Madison, Adair, Cass, Pottawattamie, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, & Ringold Counties

08 - Iowa City (Includes the University of Iowa hospital. The city limits are the boundaries of the locality.)

1983 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					15.60*	11.70*	14.60*	13.60*	1
2 INITIAL LIMITED OFFICE VISIT	29.20*	29.20*	29.20*	29.20*	29.20*	68.20*	29.20*	48.70*	2
3 INITIAL INTERMED OFFICE VISIT					25.00	15.60*	19.50*	29.20*	3
4 INITIAL COMP OFFICE VISIT	75.00*	39.00*	29.20*	30.00	48.70*	75.00	29.20*	95.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.80*	4.00	7.00	5.00	6.00	5.00	7.00	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	11.70*	11.70*	9.70*	13.60*	11.70*	11.70*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	19.50*	19.00	19.50*	23.40*	15.60*	19.50*	29.20*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	19.50*	19.00	19.50*	23.40*	15.60*	19.50*	29.20*	8
9 EXTENDED F/U OFFICE VISIT	29.20*	29.20*	29.20*	29.20*	29.20*	68.20*	29.20*	48.70*	9
10 COMP FOLLOWUP OFFICE VISIT	75.00*	39.00*	29.20*	30.00	48.70*	75.00	29.20*	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	17.50*	19.50*	19.50*	19.50*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT					29.20*	24.40*	23.40*	19.50*	12
13 INTERMDIATE F/U HOME VISIT	19.50*	19.50*	17.50*	19.50*	19.50*	19.50*	19.50*	19.50*	13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	11.70*	11.70*	11.70*	9.70*	13.60*	11.70*	11.70*	13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	11.70*	11.70*	11.70*	13.60*	13.60*	15.60*	14.60*	15.60*	16
17 INIT INTERMED HOSPITAL VISIT					58.50*	78.00*	58.50*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	29.20*	39.00*	39.00*	37.00*	48.70*	78.00*	48.70*	48.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	11.70*	11.70*	13.60*	13.60*	15.60*	14.60*	15.60*	19
20 LIMITED F/U HOSPITAL VISIT	25.00	13.60*	19.50*	19.50*	23.40*	17.50*	19.50*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	13.60*	19.50*	19.50*	23.40*	17.50*	19.50*	19.50*	21
22 EXTENDED F/U HOSPITAL VISIT					19.50*	17.50*	19.50*	19.50*	22
23 BRIEF EMERGENCY ROOM VISIT									23
24 LIMITED EMERGENCY ROOM VISIT					19.50*	29.20*	29.20*	43.80*	24
25 INTERMED EMERGENCY ROOM VISIT					57.20*	57.60*	60.80*	58.40*	25
26 LIMITED CONSULTATION									26
27 EXTENSIVE CONSULTATION									27
28 COMPREHENSIVE CONSULTATION									28
29 PSYCHOTHERAPY-ONE HOUR									29
30 PSYCHOTHERAPY-HALF HOUR					19.50*	38.00	17.50*	17.50*	30
31 CHIROPRACTIC OFFICE VISIT					13.00	12.00	12.00	12.00	31
32 INITIAL PHYSIOTHERAPY					9.80*	10.70*	9.80*	9.80*	32
33 F/U PODIATRIC OFFICE VISIT					13.60*	13.60*	15.60*	13.60*	33
34 ELECTROCARDIOGRAM (EKG)					25.00	29.50	25.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY					7.50	10.00	7.70	7.50	35
36 SPIROMETRY					20.00	10.00	21.00	21.00	36
37 ELECTROENCEPHALOGRAM (EEG)					45.00	45.00	45.00	45.00	37
38 CHEMOTHERAPY					21.60*	15.80*	23.80*	26.90*	38
39 COLLECTION OF SPECIMENS					7.50	4.30*	8.00	5.30*	39
40 DEBRIDEMENT OF NAILS					11.00	11.00	11.00	11.00	40
41 SKIN BIOPSY					35.10*	35.10*	35.10*	35.10*	41
42 CHEMOCAUTERY					56.00*	65.00	45.00	65.00	42
43 RADICAL MASTECTOMY					682.20*	730.90*	779.60*	779.60*	43
44 OPEN REDUCTION OF FRACTURE					672.40*	643.20*	594.40*	633.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	32.00*	32.00*	32.00*	25.00	29.20*	39.00*	29.20*	32.00*	45
46 CORONARY ARTERY BYPASS					3704.90*	4000.00	3565.50*	3538.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1949.00*	1949.00*	1880.00	1949.00*	47
48 NEEDLE PUNCTURE OF BURSA					23.40*	23.40*	29.20*	21.00*	48
49 BRONCHOSCOPY					194.90*	194.90*	165.70*	146.20*	49
50 THORACENTESIS					60.00	68.20*	48.70*	39.00*	50
51 CATHERIZATION OF HEART					584.70*	584.70*	584.70*	584.70*	51
52 INSERTION OF PACEMAKER					745.00	779.60*	779.60*	532.00*	52
53 PARTIAL COLECTOMY					974.50*	950.00	974.50*	682.20*	53
54 APPENDECTOMY					389.80*	438.50*	389.80*	389.80*	54
55 SIGMOIDOSCOPY					48.70*	39.00*	29.20*	29.20*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					341.10*	341.10*	389.80*	341.10*	56
57 CHOLECYSTECTOMY					97.50*	68.20*	146.20*	78.00*	57
58 REPAIR HERNIA					389.80*	440.00	389.80*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					58.50*	58.50*	95.00	50.00*	59
60 DILATION OF URETHRA					26.00*	25.00*	20.00*	25.00*	60
61 PROSTATECTOMY - SUPRAPUBIC					779.60*	779.60*	779.60*	779.60*	61
62 ELECTROSECTION-PROSTATE (TUR)					779.60*	779.60*	877.10*	779.60*	62
63 HYSTERECTOMY					730.90*	760.10*	682.20*	779.60*	63
64 INITIAL COMPLETE EYE EXAM					31.20*	22.00	30.40	19.50*	64
65 COMPREHENSIVE EYE EXAM					31.20*	22.00	30.40	19.50*	65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS					828.30*	877.10*	779.60*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	23.40*	19.50*	29.20*	23.00	26.00	23.00	29.20*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	32.00	29.20*	30.00	29.20*	21.00*	29.20*	69
70 X-RAY SPINE					34.00	29.20*	29.20*	39.00*	70
71 X-RAY HIP					29.20*	29.20*	17.50*	29.20*	71
72 X-RAY UPPER GI TRACT	65.00*	58.50*	39.00*	58.50*	58.50*	55.00	39.00*	58.50*	72
73 X-RAY COLON					48.70*	60.00	35.00*	55.00	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					300.00*	300.00*	300.00*	300.00*	77
78 CAT SCAN - ABDOMEN					300.00	300.00	300.00	300.00	78
79 THREE CHEMISTRY TESTS					25.00	23.20	29.00	23.10	79
80 NINETEEN CHEMISTRY TESTS					25.00	28.00	23.00	19.00	80
81 CULTURE - OTHER THAN BLOOD					14.00	13.00	13.50	10.00	81
82 HEMOGLOBIN					3.00L	4.00L	3.00L	2.50L	82
83 AUTOMATED BLOOD COUNT					9.50	10.00	8.00	9.00	83
84 WHITE CELL COUNT					3.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.50L	10.00L	8.00L	9.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	6.00L	6.00L	86
87 FLOCCULATION TEST					8.60	8.60	8.60	8.60	87
88 HEMATOCRIT					3.50L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					7.50	10.00	8.80	8.00	89
90 POTASSIUM TEST - BLOOD					8.50	9.00	10.00	9.00	90
91 PROTHROMBIN TIME TEST					6.00L	6.00L	5.00L	6.00L	91
92 SEDIMENTATION RATE					4.00L	5.00L	3.00L	5.00L	92
93 BLOOD SUGAR					7.00L	7.00L	6.00L	6.00L	93
94 BUN-UREA - NITROGEN					10.00L	7.00L	6.00L	7.50L	94
95 URIC ACID					7.00L	7.00L	5.50L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	3.00	5.00	96
97 PAP TEST					8.00L	7.00L	5.50L	8.50L	97
98 ROUTINE URINALYSIS					4.00L	4.50L	4.00L	4.50L	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					30.00	25.00	40.00	28.00	100
101 ELEC MONITORING-PACEMAKER					30.00	20.00	30.00	30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					1052.50*	779.60*	779.60*	974.50*	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					35.00L	35.00L	40.00L	35.00L	104
105 WALKER - RENTAL					8.50	5.10*	8.00	6.40*	105
106 WHEELCHAIR - RENTAL					25.00L	22.00L	19.00L	22.00L	106
107 LIQUID OXYGEN - RENTAL					4.30*	2.50	4.30*	4.00	107
108 HOSPITAL BED - PURCHASE					200.00L	200.00L	200.00L	200.00L	108
109 WALKER - PURCHASE					60.00	50.70	49.50	59.00	109
110 WHEELCHAIR - PURCHASE					144.40L	115.00L	273.24L	193.00L	110

1983 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA					IOWA				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					14.60*	15.60*	16.60*	29.20*	1
2 INITIAL LIMITED OFFICE VISIT	31.20*	29.20*	25.30*	35.00	39.00*	45.00	29.20*	58.50*	2
3 INITIAL INTERMED OFFICE VISIT					23.40*	19.50*	19.50*	19.50*	3
4 INITIAL COMP OFFICE VISIT	35.00	48.70*	29.20*	39.00*	60.00	65.00	48.70*	95.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.00	5.00	5.00	5.00	5.00	3.00	5.00	11.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	11.70*	35.00	13.60*	15.60*	11.70*	29.20*	6
7 LIMITED FOLLOWUP OFFICE VISIT	23.40*	18.00	20.00	19.50*	19.50*	19.50*	20.00	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	23.40*	18.00	20.00	19.50*	19.50*	19.50*	20.00	19.50*	8
9 EXTENDED F/U OFFICE VISIT	31.20*	29.20*	25.30*	35.00	39.00*	45.00	29.20*	58.50*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	48.70*	29.20*	39.00*	60.00	65.00	48.70*	95.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	15.60*	19.50*	19.50*	19.50*	15.60*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT					33.00	19.50*	29.20*	24.40*	12
13 INTERMDIATE F/U HOME VISIT	19.50*	15.60*	19.50*	19.50*	19.50*	15.60*	19.50*	19.50*	13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	13.60*	11.70*	11.70*	16.00	13.60*	15.00	11.70*	20.00	15
16 INITIAL BRIEF HOSPITAL VISIT	13.60*	13.60*	13.60*	17.50*	13.60*	13.60*	14.60*	17.50*	16
17 INIT INTERMED HOSPITAL VISIT					68.20*	68.20*	68.20*	125.00	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	39.00*	39.00*	125.00	48.70*	68.20*	48.70*	125.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	13.60*	13.60*	17.50*	13.60*	13.60*	14.60*	17.50*	19
20 LIMITED F/U HOSPITAL VISIT	23.40*	25.00	25.00	23.40*	29.20*	15.60*	25.00	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	23.40*	25.00	25.00	23.40*	29.20*	15.60*	25.00	19.50*	21
22 EXTENDED F/U HOSPITAL VISIT					31.20*	15.60*	29.20*	19.50*	22
23 BRIEF EMERGENCY ROOM VISIT									23
24 LIMITED EMERGENCY ROOM VISIT					29.20*	29.20*	29.20*	29.20*	24
25 INTERMED EMERGENCY ROOM VISIT					62.80*	54.80*	72.80*	82.40*	25
26 LIMITED CONSULTATION									26
27 EXTENSIVE CONSULTATION									27
28 COMPREHENSIVE CONSULTATION									28
29 PSYCHOTHERAPY-ONE HOUR									29
30 PSYCHOTHERAPY-HALF HOUR					36.60*	17.70*	20.00	39.00*	30
31 CHIROPRACTIC OFFICE VISIT					13.60*	13.60*	12.00	12.00	31
32 INITIAL PHYSIOTHERAPY					8.00	9.80*	11.70*	17.00	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	13.60*	13.60*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)					25.00	30.00	33.00	47.25	34
35 EKG-INTERPRET AND REPORT ONLY					7.50	10.00	8.50	10.00	35
36 SPIROMETRY					21.00	25.00	21.00	23.00	36
37 ELECTROENCEPHALOGRAM (EEG)					45.00	45.00	45.00	45.00	37
38 CHEMOTHERAPY					27.10*	13.20*	9.00	28.50*	38
39 COLLECTION OF SPECIMENS					4.90*	5.00	5.80*	5.70*	39
40 DEBRIDEMENT OF NAILS					11.00	11.00	11.00	11.00	40
41 SKIN BIOPSY					35.10*	35.10*	35.10*	35.10*	41
42 CHEMOCAUTERY					65.00	65.00	56.00*	65.00	42
43 RADICAL MASTECTOMY					779.60*	779.60*	744.00	779.60*	43
44 OPEN REDUCTION OF FRACTURE					565.20*	623.70*	721.10*	789.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00*	25.00	32.00*	32.00*	29.20*	30.00*	29.20*	32.00*	45
46 CORONARY ARTERY BYPASS					3560.80*	3990.60*	3434.10*	2880.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1949.00*	1800.00	1949.00*	1949.00*	47
48 NEEDLE PUNCTURE OF BURSA					23.40*	23.40*	21.00*	24.00*	48
49 BRONCHOSCOPY					270.90*	146.20*	194.90*	194.90*	49
50 THORACENTESIS					48.70*	48.70*	48.70*	48.70*	50
51 CATHETERIZATION OF HEART					584.70*	584.70*	584.70*	584.70*	51
52 INSERTION OF PACEMAKER					532.00*	779.60*	779.60*	779.60*	52
53 PARTIAL COLECTOMY					1072.00*	1012.00	974.50*	1247.40*	53
54 APPENDECTOMY					407.30*	438.50*	487.25*	389.80*	54
55 SIGMOIDOSCOPY					48.70*	45.00	45.00	44.00	55

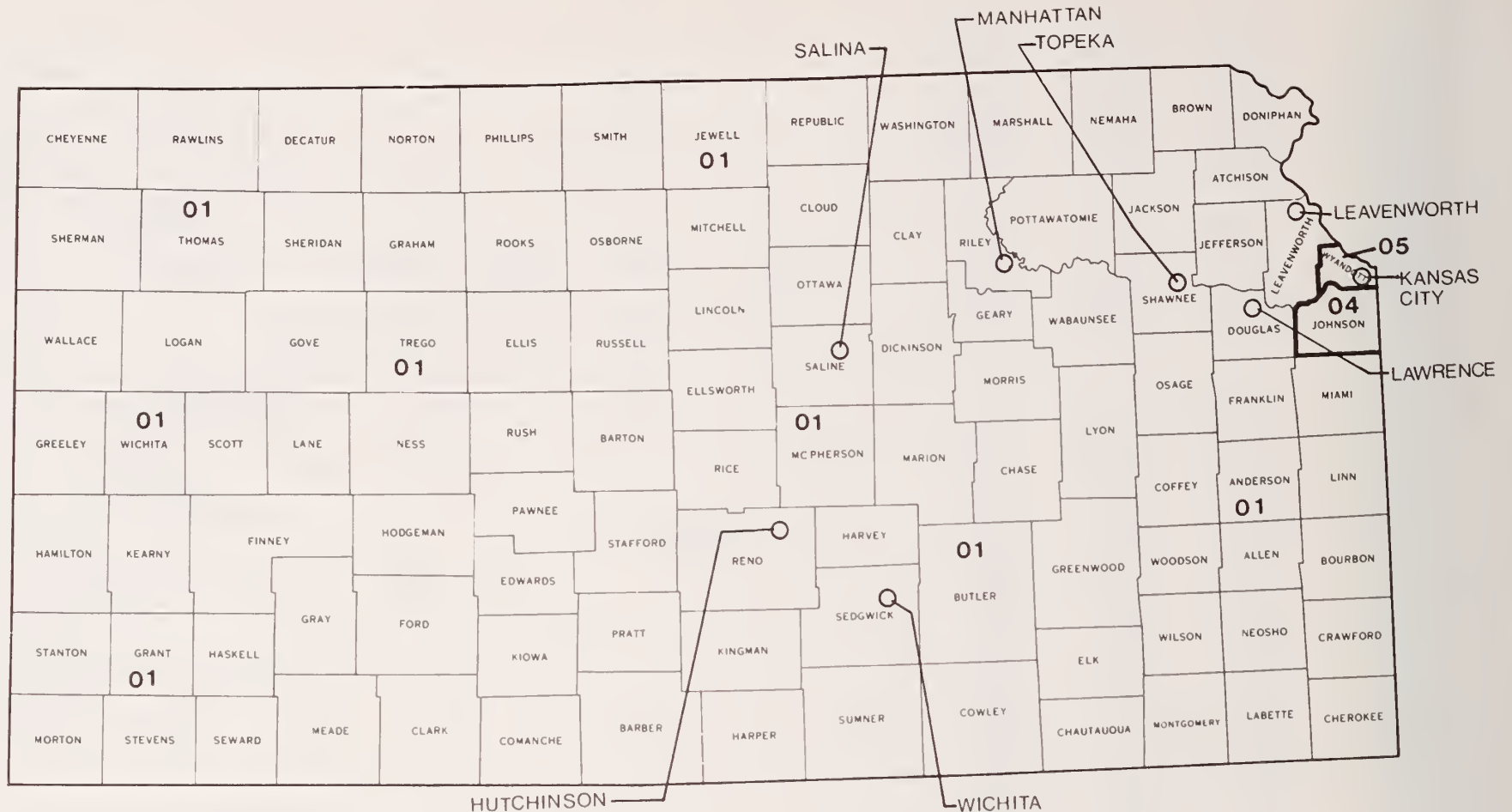
1983 PREVAILING CHARGE SUMMARY DATA B/S OF IOWA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

IOWA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORRHOIDECTOMY					390.00	345.00	341.10*	341.10*	56
57 CHDLECYSTECTOMY					78.00*	78.00*	68.20*	78.00*	57
58 REPAIR HERNIA					389.80*	438.50*	438.50*	467.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY					72.00	58.50*	58.50*	75.00	59
60 DILATION OF URETHRA					24.90*	27.00*	25.00*	40.00	60
61 PRDSTATECTOMY - SUPRAPUBIC					779.60*	779.60*	779.60*	779.60*	61
62 ELECTROSECTION-PROSTATE (TUR)					779.60*	877.10*	877.10*	974.50*	62
63 HYSTERECTOMY					779.60*	682.20*	730.90*	760.10*	63
64 INITIAL COMPLETE EYE EXAM					31.20*	23.40*	23.40*	29.20*	64
65 COMPREHENSIVE EYE EXAM					31.20*	23.40*	23.40*	29.20*	65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS					779.60*	877.10*	682.20*	1095.00	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	23.40*	24.40*	29.20*	29.20*	26.00	26.00	26.00	68
69 CHEST X-RAY - TWO VIEWS	29.20*	32.00	34.10*	34.10*	29.20*	30.00	34.10*	29.20*	69
70 X-RAY SPINE					29.20*	30.50	34.00	34.00	70
71 X-RAY HIP					19.50*	29.20*	35.00	29.20*	71
72 X-RAY UPPER GI TRACT	58.50*	58.50*	40.00*	58.50*	48.70*	25.00	78.00*	55.00	72
73 X-RAY COLON					48.70*	38.00	60.00	58.50*	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					300.00*	300.00*	300.00*	300.00*	77
78 CAT SCAN - ABDOMEN					300.00	300.00	300.00	300.00	78
79 THREE CHEMISTRY TESTS					15.00	28.00	30.00	25.00	79
80 NINETEEN CHEMISTRY TESTS					20.00	19.00	35.00	22.50	80
81 CULTURE - OTHER THAN BLOOD					15.00	17.00	10.00	14.00	81
82 HEMOGLOBIN					4.00L	3.50L	3.00L	5.00	82
83 AUTOMATED BLOOD COUNT					10.00	10.00	10.00	14.00	83
84 WHITE CELL COUNT					3.00L	3.50L	2.00L	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					10.00L	10.00L	10.00L	14.00	85
86 CHOLESTEROL TEST					6.00L	5.00L	8.00L	8.50	86
87 FLOCCULATION TEST					8.60	8.60	8.60	8.60	87
88 HEMATOCRIT					3.00L	4.00L	3.00L	5.00	88
89 PLATELET COUNT (REES-ECKER)					10.00	7.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	9.00	9.00	90
91 PROTHROMBIN TIME TEST					5.00L	5.00L	6.00L	8.00	91
92 SEDIMENTATION RATE					3.00L	5.00L	4.50L	6.50	92
93 BLOOD SUGAR					5.00L	6.00L	6.00L	8.00	93
94 BUN-UREA - NITROGEN					6.50L	8.00L	8.00L	9.00	94
95 URIC ACID					7.00L	7.00L	7.00L	9.00	95
96 FECES-OCULT BLOOD-SCREENING					4.00	3.00	6.00	5.00	96
97 PAP TEST					5.00L	7.00L	7.50L	10.00	97
98 ROUTINE URINALYSIS					4.75L	4.00L	4.00L	5.00	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					25.00	22.00	21.50	28.00	100
101 ELEC MONITORING-PACEMAKER					30.00	30.00	30.00	30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					877.10*	877.10*	974.50*	974.50*	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					30.90L	42.50L	25.00L	42.50	104
105 WALKER - RENTAL					7.60*	7.00	7.00	7.00	105
106 WHEELCHAIR - RENTAL					17.00L	18.00L	43.00L	28.10*	106
107 LIQUID OXYGEN - RENTAL					4.30*	4.30*	4.30*	4.30*	107
108 HOSPITAL BED - PURCHASE					200.00L	200.00L	200.00L	421.90	108
109 WALKER - PURCHASE					49.50	40.00	50.70	49.50	109
110 WHEELCHAIR - PURCHASE					224.95L	261.00L	250.00L	320.00	110

KANSAS

KANSAS



Three Localities

Blue Shield of Kansas

01 - Blue Shield of Kansas Plan area (102 counties)

Blue Shield of Kansas City

04 - Johnson County (suburban)

05 - Wyandotte County (metropolitan)

1983 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KANSAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 04	AREA 05	AREA 04	AREA 05	
1 INITIAL BRIEF OFFICE VISIT			15.40*	15.60*	1
2 INITIAL LIMITED OFFICE VISIT	14.60*	11.70*	15.40*	15.60*	2
3 INITIAL INTERMED OFFICE VISIT			25.00	15.00	3
4 INITIAL COMP OFFICE VISIT	50.70*	33.10*	68.20*	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.00	5.00	8.00	10.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.60*	11.70*	15.40*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.60*	11.70*	15.40*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	18.00	25.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	15.00	35.00	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	29.20*	38.90*	35.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	23.40*	19.60*	23.40*	11
12 LIMITED FOLLOWUP HOME VISIT			19.60*	23.40*	12
13 INTERMDIATE F/U HOME VISIT	20.00	20.00	20.00	20.00	13
14 EXTENDED CARE FACILITY VISIT			29.20*	25.00	14
15 BRIEF F/U NURSING HOME VISIT	14.60*	11.70*	15.40*	15.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	38.90*	48.70*	48.70*	58.50*	16
17 INIT INTERMED HOSPITAL VISIT			68.20*	68.20*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	13.60*	19.60*	19.60*	19
20 LIMITED F/U HOSPITAL VISIT	19.60*	13.60*	19.60*	19.60*	20
21 INTERMED F/U HOSPITAL VISIT	25.00	19.60*	20.00	18.50	21
22 EXTENDED F/U HOSPITAL VISIT			37.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT			40.00	29.20*	23
24 LIMITED EMERGENCY ROOM VISIT			40.00	29.20*	24
25 INTERMED EMERGENCY ROOM VISIT			40.00	29.20*	25
26 LIMITED CONSULTATION	48.70*	60.00	58.50*	35.00	26
27 EXTENSIVE CONSULTATION			97.30*	68.20*	27
28 COMPREHENSIVE CONSULTATION			97.30*	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR			61.60*	76.80*	29
30 PSYCHOTHERAPY-HALF HOUR			30.80*	38.40*	30
31 CHIROPRACTIC OFFICE VISIT			12.30*	12.30*	31
32 INITIAL PHYSIOTHERAPY			15.00	15.00	32
33 F/U PODIATRIC OFFICE VISIT			16.00	13.60*	33
34 ELECTROCARDIOGRAM (EKG)	28.00	32.00	28.00	32.00	34
35 EKG-INTERPRET AND REPORT ONLY	13.00	13.00	19.75*		35
36 SPIROMETRY			40.00	40.00	36
37 ELECTROENCEPHALOGRAM (EEG)			100.00	100.00	37
38 CHEMOTHERAPY			40.40*	51.00*	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS					40
41 SKIN BIOPSY			50.00	50.00	41
42 CHEMOCAUTERY					42
43 RADICAL MASTECTOMY			974.50*	993.90*	43
44 OPEN REDUCTION OF FRACTURE			1300.00	828.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	15.00	46.00	25.00	45
46 CORONARY ARTERY BYPASS				2810.00	46
47 TOTAL ARTIFICIAL HIP REPLACE			1948.60*	1949.00*	47
48 NEEDLE PUNCTURE OF BURSA				25.00	48
49 BRONCHOSCOPY			146.20*	146.20*	49
50 THORACENTESIS				44.20*	50
51 CATHETERIZATION OF HEART				635.30*	51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			1003.50*	1071.80*	53
54 APPENDECTOMY			506.70*	389.80*	54
55 SIGMOIDOSCOPY			48.70*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KANSAS
LOCALITY DESIGNATION FOR SPECIALIST

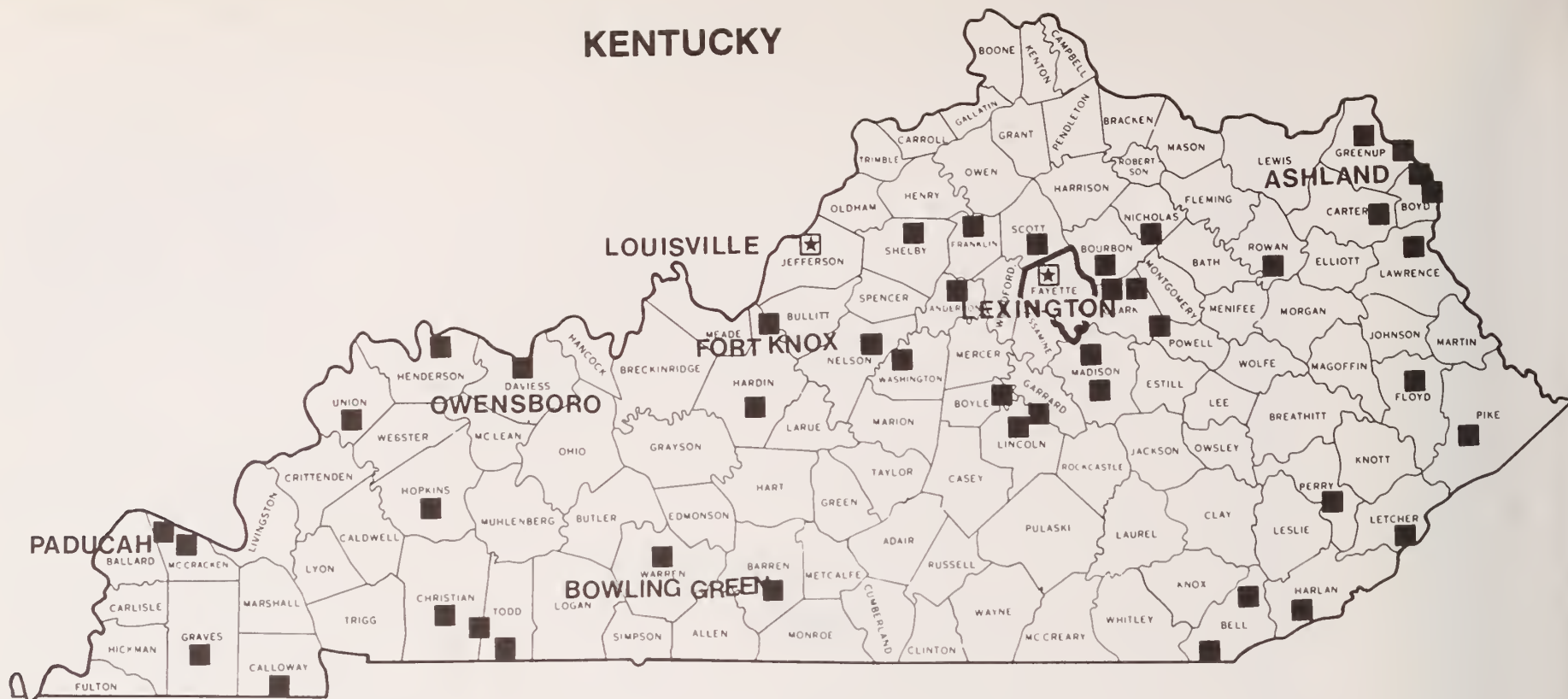
PROCEDURE DESCRIPTION	AREA 04	AREA 05	AREA 04	AREA 05	
56 HEMORRHOIDECTOMY			409.30*	389.80*	56
57 CHOLECYSTECTOMY			779.60*	701.60*	57
58 REPAIR HERNIA			584.70*	442.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			97.30*	66.00	59
60 DILATION OF URETHRA			20.00	15.00	60
61 PROSTATECTOMY - SUPRAPUBIC			974.50*	974.50*	61
62 ELECTROSECTION-PROSTATE (TUR)			876.90*	877.05*	62
63 HYSTERECTOMY			876.90*	808.80*	63
64 INITIAL COMPLETE EYE EXAM			33.10*	29.20*	64
65 COMPREHENSIVE EYE EXAM			33.10*	29.20*	65
66 EYE EXAM WITH TONOMETRY			7.70*	7.80*	66
67 EXTRACTION OF LENS			876.90*	877.00*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	20.00	20.00	19.60*	68
69 CHEST X-RAY - TWO VIEWS	35.00	29.20*	29.20*	29.20*	69
70 X-RAY SPINE				68.20*	70
71 X-RAY HIP			32.40	32.40	71
72 X-RAY UPPER GI TRACT	54.00*		60.00	54.60*	72
73 X-RAY COLON			60.00	54.60*	73
74 RADIATION THERAPY-LOW VOLT					74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			88.00	88.00	77
78 CAT SCAN - ABDOMEN			105.00	105.00	78
79 THREE CHEMISTRY TESTS			23.00	24.00	79
80 NINETEEN CHEMISTRY TESTS			30.00	32.00	80
81 CULTURE - OTHER THAN BLOOD			18.00	18.00	81
82 HEMOGLOBIN			3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT			9.50L	8.00L	83
84 WHITE CELL COUNT			5.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)			9.50L	8.00L	85
86 CHOLESTEROL TEST			7.00L	5.00L	86
87 FLOCCULATION TEST			10.00	5.00	87
88 HEMATOCRIT			5.00L	5.00L	88
89 PLATELET COUNT (REES-ECKER)			7.00	6.00	89
90 POTASSIUM TEST - BLOOD			10.00	10.00	90
91 PROTHROMBIN TIME TEST			5.00L	5.00L	91
92 SEDIMENTATION RATE			4.00L	4.00L	92
93 BLOOD SUGAR			7.00L	5.00L	93
94 BUN-UREA - NITROGEN			6.00L	5.00L	94
95 URIC ACID			7.00L	5.00L	95
96 FECES-OCCULT BLOOD-SCREENING			7.00	5.00	96
97 PAP TEST			7.00L	5.00L	97
98 ROUTINE URINALYSIS			5.00L	5.00L	98
99 CHEMICAL URINALYSIS			5.00L	5.00L	99
100 PATHOLOGY - THREE SPECIMENS					100
101 ELEC MONITORING-PACEMAKER				25.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			1000.00	1000.00	102
103 KIDNEY TRANSPLANT			1325.60	1325.60	103
104 HOSPITAL BED - RENTAL			55.00L	55.00L	104
105 WALKER - RENTAL			17.16	24.00	105
106 WHEELCHAIR - RENTAL			30.00L	28.00L	106
107 LIQUID OXYGEN - RENTAL			60.00	60.00	107
108 HOSPITAL BED - PURCHASE				472.50	108
109 WALKER - PURCHASE			57.45	57.45	109
110 WHEELCHAIR - PURCHASE			239.00L	239.00L	110

PROCEDURE DESCRIPTION	SINGLE	
1 INITIAL BRIEF OFFICE VISIT	15.20*	1
2 INITIAL LIMITED OFFICE VISIT	23.50*	2
3 INITIAL INTERMED OFFICE VISIT	23.50*	3
4 INITIAL COMP OFFICE VISIT	54.40*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.20*	6
7 LIMITED FOLLOWUP OFFICE VISIT	23.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.40*	8
9 EXTENDED F/U OFFICE VISIT	41.20*	9
10 COMP FOLLOWUP OFFICE VISIT	41.20*	10
11 BRIEF FOLLOWUP HOME VISIT	23.50*	11
12 LIMITED FOLLOWUP HOME VISIT	23.50*	12
13 INTERMDIATE F/U HOME VISIT	31.80*	13
14 EXTENDED CARE FACILITY VISIT		14
15 BRIEF F/U NURSING HOME VISIT	15.20*	15
16 INITIAL BRIEF HOSPITAL VISIT	50.70*	16
17 INIT INTERMED HOSPITAL VISIT	50.70*	17
18 INITIAL COMP HOSPITAL VISIT	76.30*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.60*	19
20 LIMITED F/U HOSPITAL VISIT	31.80*	20
21 INTERMED F/U HOSPITAL VISIT	19.10*	21
22 EXTENDED F/U HOSPITAL VISIT	19.10*	22
23 BRIEF EMERGENCY ROOM VISIT	27.00*	23
24 LIMITED EMERGENCY ROOM VISIT	27.00*	24
25 INTERMED EMERGENCY ROOM VISIT		25
26 LIMITED CONSULTATION	41.20*	26
27 EXTENSIVE CONSULTATION	48.70*	27
28 COMPREHENSIVE CONSULTATION	78.00*	28
29 PSYCHOTHERAPY-ONE HOUR		29
30 PSYCHOTHERAPY-HALF HOUR	31.80*	30
31 CHIROPRACTIC OFFICE VISIT	12.70*	31
32 INITIAL PHYSIOTHERAPY	12.00*	32
33 F/U PODIATRIC OFFICE VISIT	15.20*	33
34 ELECTROCARDIOGRAM (EKG)	35.00*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00*	35
36 SPIROMETRY	36.00*	36
37 ELECTROENCEPHALOGRAM (EEG)	98.00*	37
38 CHEMOTHERAPY	20.00*	38
39 COLLECTION OF SPECIMENS	3.00*	39
40 DEBRIDEMENT OF NAILS	15.20*	40
41 SKIN BIOPSY	34.30*	41
42 CHEMOCAUTERY	23.40*	42
43 RADICAL MASTECTOMY	881.60*	43
44 OPEN REDUCTION OF FRACTURE	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.70*	45
46 CORONARY ARTERY BYPASS	2900.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1754.10*	47
48 NEEDLE PUNCTURE OF BURSA	25.40*	48
49 BRONCHOSCOPY	243.60*	49
50 THORACENTESIS	48.70*	50
51 CATHERIZATION OF HEART	575.00*	51
52 INSERTION OF PACEMAKER	1000.00*	52
53 PARTIAL COLECTOMY	974.50*	53
54 APPENDECTOMY	409.20*	54
55 SIGMOIDOSCOPY	41.20*	55

PROCEDURE DESCRIPTION	SINGLE	
56 HEMORRHOIDECTOMY	350.80*	56
57 CHOLECYSTECTOMY	689.90*	57
58 REPAIR HERNIA	397.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	97.60*	59
60 DILATION OF URETHRA	25.40*	60
61 PROSTATECTOMY - SUPRAPUBIC	920.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	857.50*	62
63 HYSTERECTOMY	830.20*	63
64 INITIAL COMPLETE EYE EXAM	32.00*	64
65 COMPREHENSIVE EYE EXAM	30.00*	65
66 EYE EXAM WITH TONOMETRY	7.00*	66
67 EXTRACTION OF LENS	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	25.40*	68
69 CHEST X-RAY - TWO VIEWS	35.20*	69
70 X-RAY SPINE	58.80*	70
71 X-RAY HIP	44.50*	71
72 X-RAY UPPER GI TRACT	78.00*	72
73 X-RAY COLON	69.00*	73
74 RADIATION THERAPY-LOW VOLT	23.00*	74
75 RADIATION THERAPY-SUPER VOLT	39.00*	75
76 RADIATION THERAPY-MEGAVOLT		76
77 CAT SCAN - HEAD	100.20*	77
78 CAT SCAN - ABDOMEN	127.20*	78
79 THREE CHEMISTRY TESTS	22.50*	79
80 NINETEEN CHEMISTRY TESTS	30.00*	80
81 CULTURE - OTHER THAN BLOOD	13.00*	81
82 HEMOGLOBIN	4.00	82
83 AUTOMATED BLOOD COUNT		83
84 WHITE CELL COUNT	4.00	84
85 COMPLETE BLOOD COUNT (CBC)	11.00	85
86 CHOLESTEROL TEST	8.00	86
87 FLOCCULATION TEST	9.00*	87
88 HEMATOCRIT	3.50	88
89 PLATELET COUNT (REES-ECKER)	10.50*	89
90 POTASSIUM TEST - BLOOD	11.00*	90
91 PROTHROMBIN TIME TEST	7.00	91
92 SEDIMENTATION RATE	5.50	92
93 BLOOD SUGAR	7.00	93
94 BUN-UREA - NITROGEN	9.00	94
95 URIC ACID	8.00	95
96 FECES-OCCULT BLOOD-SCREENING	5.00*	96
97 PAP TEST	15.00*	97
98 ROUTINE URINALYSIS	5.00	98
99 CHEMICAL URINALYSIS	6.00*	99
100 PATHOLOGY - THREE SPECIMENS		100
101 ELEC MONITORING-PACEMAKER		101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	36.22	104
105 WALKER - RENTAL	14.00*	105
106 WHEELCHAIR - RENTAL	20.50	106
107 LIQUID OXYGEN - RENTAL	103.20*	107
108 HOSPITAL BED - PURCHASE	408.00	108
109 WALKER - PURCHASE	60.00*	109
110 WHEELCHAIR - PURCHASE	295.00	110

KENTUCKY

KENTUCKY



- 01 - Metropolitan - Lexington (Fayette County), Louisville (including Anchorage, Crestwood, Jeffersontown, Lyndon, Middletown, Okalona, Pee Wee Valley, Pleasure Ridge Park, Shively, St. Matthews, Valley Station).
- 02 - Urban - Ashland (including Grayson, Greenup, Westwood), Bardonia, Catlettsburg, Covington (including Bellevue, Bowling Green, Catlettsburg, Covington (including Alexandria, Bromley, Burlington, Dayton, Elsmere Park, Ft. Mitchell, South Hills, Southgate, Walton, Woodlawn), Danville, Elizabethtown (including Labanon Junction), Florence, Fort Thomas, Frankfort (including Midway), Georgetown, Glasgow, Harlan, Hazard (including Whitesburg), Henderson, Hopkinsville (including Elkton, Fairview), Lancaster, Lawrenceburg, Louisa, Madisonville, Mayfield, Middlesboro, Morehead, Morganfield, Mount Sterling, Murray, Newport, Nicholasville, Owensboro, Paducah (including West Paducah), Paris, Pikeville, Pineville, Prestonsburg, Richmond, Shelbyville, Stanford, Versailles, Vine Grove, Winchester (including Carlisle, Stanton).
- 03 - Rural - All other areas of the State

1983 PREVAILING CHARGE SUMMARY DATA METROPOLITAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KENTUCKY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	I	II	III	I	II	III	
1 INITIAL BRIEF OFFICE VISIT				29.20*	19.50*	19.50*	1
2 INITIAL LIMITED OFFICE VISIT	35.00	17.00	30.00	48.70*	40.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT				48.70*	40.00	35.00	3
4 INITIAL COMP OFFICE VISIT	30.00	40.00	40.00	68.20*	58.50*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	11.70*	7.80*	7.80*	9.70*	11.70*	7.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	9.70*	15.60*	15.60*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00	18.00	15.60*	19.50*	20.00	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	12.00	20.00	22.40*	29.00	26.00	19.50*	8
9 EXTENDED F/U OFFICE VISIT	29.20*	20.00	25.00	35.00	29.20*	21.00	9
10 COMP FOLLOWUP OFFICE VISIT	20.00	25.00	35.00	65.00	48.70*	48.00*	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	19.50*	23.40*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT				29.20*	30.00	26.00	12
13 INTERMDIATE F/U HOME VISIT	25.00	25.00	29.20*	29.20*	30.00	26.00	13
14 EXTENDED CARE FACILITY VISIT				19.50*	19.50*	15.60*	14
15 BRIEF F/U NURSING HOME VISIT	13.60	11.70	9.70	15.60	15.60	11.70	15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	29.20*	29.20*	48.70*	29.20*	29.20*	16
17 INIT INTERMED HOSPITAL VISIT				68.20*	48.70*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	50.00	50.00	78.00*	68.00	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	13.60*	11.70*	19.50*	15.60*	13.60*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	19.50*	19.50*	19.50*	19.50*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	25.00	25.00	29.20*	30.00	29.20*	21
22 EXTENDED F/U HOSPITAL VISIT				29.20*	30.00	29.20*	22
23 BRIEF EMERGENCY ROOM VISIT				29.20*	19.50*	19.50*	23
24 LIMITED EMERGENCY ROOM VISIT				35.00	30.00	30.00	24
25 INTERMED EMERGENCY ROOM VISIT				60.00*	60.00	60.00	25
26 LIMITED CONSULTATION	43.70*	42.90*	23.40*				26
27 EXTENSIVE CONSULTATION				73.70*	49.40*	48.90*	27
28 COMPREHENSIVE CONSULTATION				86.70*	70.80*	61.10*	28
29 PSYCHOTHERAPY-ONE HOUR				20.00	29.20*	23.40*	29
30 PSYCHOTHERAPY-HALF HOUR				8.00*	7.40*		30
31 CHIROPRACTIC OFFICE VISIT	13.60*	11.70*	9.70*	13.60*	11.70*	9.70*	31
32 INITIAL PHYSIOTHERAPY				20.00	25.00	18.75	32
33 F/U POOIATRIC OFFICE VISIT				13.60*	11.70*	9.70*	33
34 ELECTROCARDIOGRAM (EKG)	21.90*	25.70*	19.50*	21.70*	24.20*	20.40*	34
35 EKG-INTERPRET AND REPORT ONLY	7.20*	6.00*	15.60*	6.90*	8.30*	8.10*	35
36 SPIROMETRY				32.50*	19.40*	51.30*	36
37 ELECTROENCEPHALOGRAM (EEG)				55.00	80.00	58.40	37
38 CHEMOTHERAPY				19.50*	19.50*	19.50*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 OEBRIOEMENT OF NAILS				20.00	18.00	18.00	40
41 SKIN BIOPSY				48.70*	45.00	48.30	41
42 CHEMOCAUTERY				20.00	25.00	15.00	42
43 RADICAL MASTECTOMY				899.30*	875.90*	804.50*	43
44 OPEN REDUCTION OF FRACTURE				1072.00	877.10*	779.60*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.20*	29.20*	33.70*	30.00	30.00	30.00	45
46 CORONARY ARTERY BYPASS				2982.60*	3018.20*		46
47 TOTAL ARTIFICIAL HIP REPLACE				1190.00*	955.00*	935.50*	47
48 NEEOLE PUNCTURE OF BURSA				20.00	20.00	23.40*	48
49 BRONCHOSCOPY				194.90*	243.60*	146.20*	49
50 THORACENTESIS				48.70*	80.00	48.70*	50
51 CATHERIZATION OF HEART				462.00	462.00		51
52 INSERTION OF PACEMAKER				974.50*	1000.00	1156.00	52
53 PARTIAL COLECTOMY				974.50*	974.50*	974.50*	53
54 APPENOECTOMY		389.80*	300.00	487.25*	487.25*	300.00	54
55 SIGMOIDOSCOPY				39.00*	39.00*	40.90*	55

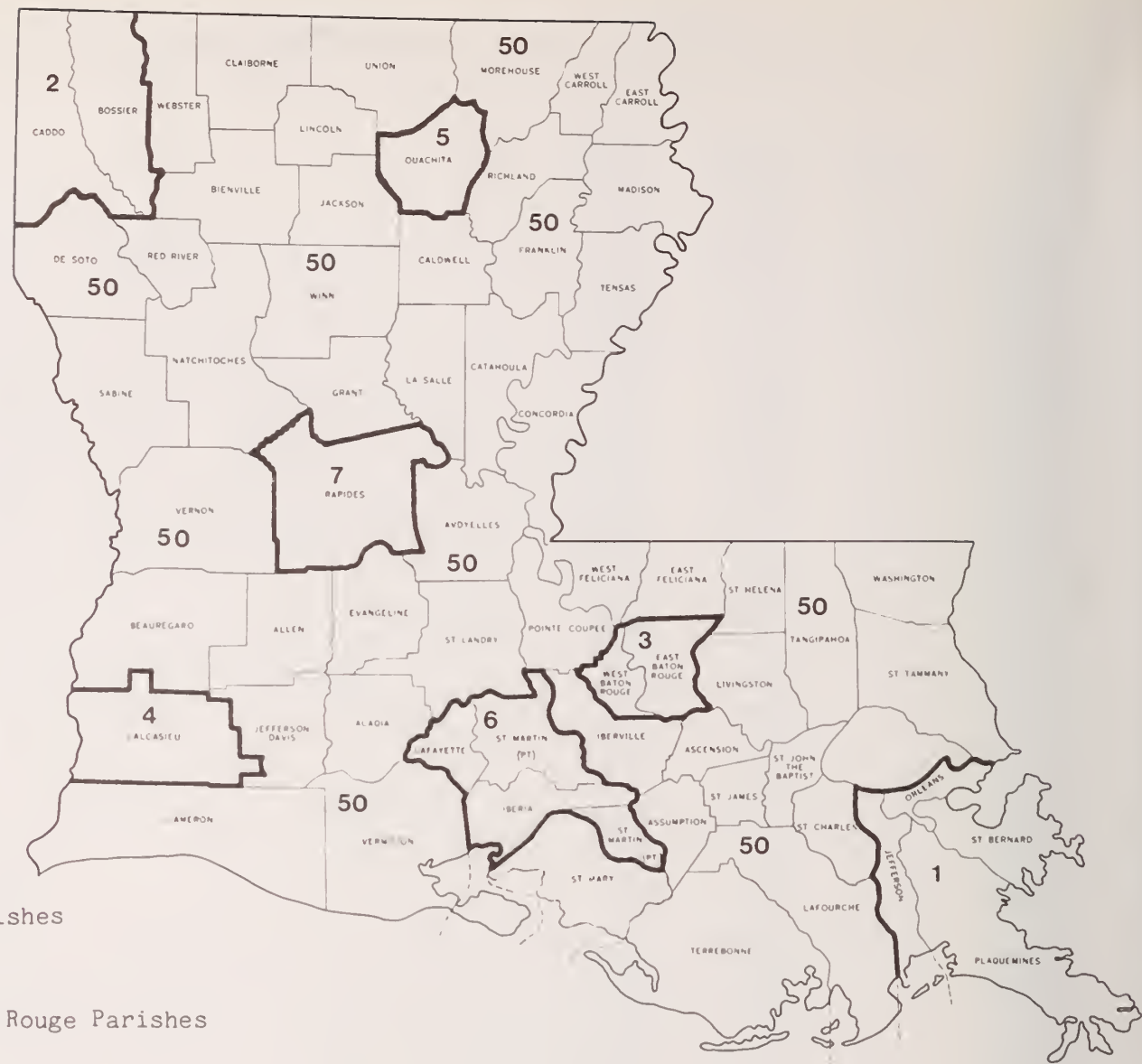
1983 PREVAILING CHARGE SUMMARY DATA METROPOLITAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

KENTUCKY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	I	II	III	I	II	III	
56 HEMORRHOIDECTOMY				484.00	389.80	341.10*	56
57 CHOLECYSTECTOMY				730.90*	682.20*	682.20*	57
58 REPAIR HERNIA				487.25*	487.25*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	48.70*			48.70*	58.50*	48.70*	59
60 DILATION OF URETHRA				20.00	19.50*	25.00	60
61 PROSTATECTOMY - SUPRAPUBIC				960.00	779.60*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	779.60*	779.60*		779.60*	779.60*	779.60*	62
63 HYSTERECTOMY				877.10*	828.30*	682.20*	63
64 INITIAL COMPLETE EYE EXAM				39.00*	29.20*	39.00*	64
65 COMPREHENSIVE EYE EXAM				39.00*	29.20*	39.00*	65
66 EYE EXAM WITH TONOMETRY				18.00	11.70*	9.70*	66
67 EXTRACTION OF LENS				779.60*	779.60*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	19.50*	19.50*	24.40*	19.50*	19.50*	68
69 CHEST X-RAY - TWO VIEWS	25.00	29.20*	27.00	31.20*	29.20*	29.20*	69
70 X-RAY SPINE				37.50	39.00*	37.00*	70
71 X-RAY HIP				30.00	29.20*	29.20*	71
72 X-RAY UPPER GI TRACT		55.00	48.70*	58.50*	60.00	58.50*	72
73 X-RAY COLON				48.70*	51.25*	58.50*	73
74 RADIATION THERAPY-LOW VOLT				29.20*	25.00	25.00	74
75 RADIATION THERAPY-SUPER VOLT		29.50	30.00	30.00	29.50	30.00	75
76 RADIATION THERAPY-MEGAVOLT				25.00	32.00	25.00	76
77 CAT SCAN - HEAD				65.70*	58.10*	70.00	77
78 CAT SCAN - ABDOMEN				78.70*	69.80*	71.30*	78
79 THREE CHEMISTRY TESTS				6.75	6.75	6.75	79
80 NINETEEN CHEMISTRY TESTS				8.25	8.25	8.25	80
81 CULTURE - OTHER THAN BLOOD				16.50	16.50	16.50	81
82 HEMOGLOBIN				3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT				6.75	6.75	6.75	83
84 WHITE CELL COUNT				3.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)				9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST				8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST				7.00	7.00	7.00	87
88 HEMATOCRIT				3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				8.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD				9.75	9.75	9.75	90
91 PROTHROMBIN TIME TEST				7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE				5.30L	5.30L	5.30L	92
93 BLOOD SUGAR				7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN				8.00L	8.00L	8.00L	94
95 URIC ACID				9.00L	9.00L	9.00L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	5.00	5.00	96
97 PAP TEST				8.00L	8.00L	8.00L	97
98 ROUTINE URINALYSIS				4.50L	4.50L	4.50L	98
99 CHEMICAL URINALYSIS				5.50	5.50	5.50	99
100 PATHOLOGY - THREE SPECIMENS				24.00	24.00	24.00	100
101 ELEC MONITORING-PACEMAKER				30.00	14.40*		101
102 DONOR NEPHRECTOMY-UNILATERAL				974.50*	955.00	935.50	102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				50.00L	50.00L	50.00L	104
105 WALKER - RENTAL				12.00	12.00	12.00	105
106 WHEELCHAIR - RENTAL				21.00L	21.00L	21.00L	106
107 LIQUID OXYGEN - RENTAL				35.00	35.00	35.00	107
108 HOSPITAL BED - PURCHASE				469.85L	469.85L	469.85L	108
109 WALKER - PURCHASE				41.20	41.20	41.20	109
110 WHEELCHAIR - PURCHASE				248.00L	248.00L	248.00L	110

LOUISIANA

LOUISIANA



Eight Localities:

- 01 - Orleans Parish, Jefferson, St. Bernard, Plaquemines Parishes
- 02 - Caddo, Bossier Parishes
- 03 - East Baton Rouge, West Baton Rouge Parishes
- 04 - Calcasieu Parish
- 05 - Quachita Parish
- 06 - Lafayette, Iberia, St. Martin Parishes
- 07 - Rapides Parish
- 50 - All other Parishes

1983 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT									1
2 INITIAL LIMITED OFFICE VISIT	26.00	24.50*	29.20*	29.20*					2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT									4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	5.80*	5.80*	5.00					5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	13.60*	9.70*					6
7 LIMITED FOLLOWUP OFFICE VISIT	19.60*	19.60*	18.00	13.60*					7
8 INTERMEDIATE F/U OFFICE VISIT									8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT	12.50	12.50	12.50	15.10*					10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	15.00	19.60*	19.60*					11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	38.90*	25.00	30.00	30.00					13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	13.60*	11.70*	13.60*	9.70*					15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	38.90*	29.20*					16
17 INIT INTERMED HOSPITAL VISIT									17
18 INITIAL COMP HOSPITAL VISIT	87.50*	75.00	45.00	56.00					18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	19.60*	15.40*	19.60*					19
20 LIMITED F/U HOSPITAL VISIT									20
21 INTERMED F/U HOSPITAL VISIT	35.00	33.30	25.00	28.00					21
22 EXTENDED F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT					38.90*	35.00	29.20*	35.00	23
24 LIMITED EMERGENCY ROOM VISIT									24
25 INTERMED EMERGENCY ROOM VISIT					16.00	17.10*	16.90	16.00	25
26 LIMITED CONSULTATION	48.70*	58.50*	55.00	48.70*					26
27 EXTENSIVE CONSULTATION					97.60*	116.90*	60.00	68.20*	27
28 COMPREHENSIVE CONSULTATION					68.20*	75.00	75.00	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					7.70	5.00	6.70	7.00	29
30 PSYCHOTHERAPY-HALF HOUR									30
31 CHIROPRACTIC OFFICE VISIT									31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCARDIOGRAM (EKG)	29.20*	25.00	30.00	29.20*					34
35 EKG-INTERPRET AND REPORT ONLY	15.00	20.00	20.00	20.00					35
36 SPIROMETRY					60.00	55.00	60.00	50.30*	36
37 ELECTROENCEPHALOGRAM (EEG)					42.00	35.00	42.00	38.10*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					6.28	4.14	8.82	4.03	39
40 DEBRIDEMENT OF NAILS					20.00	18.00	18.30*	18.70*	40
41 SKIN BIOPSY					28.00	40.00	35.00	37.00*	41
42 CHEMOCAUTERY					19.60*	19.60*	20.00	18.20*	42
43 RADICAL MASTECTOMY					1383.60*	877.00*	974.50*	974.50*	43
44 OPEN REDUCTION OF FRACTURE					974.50*	974.50*	974.50*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	15.00	15.00	19.60*	15.00					45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					862.50*	862.50*	1007.40*	862.50*	47
48 NEEDLE PUNCTURE OF BURSA					29.20*	29.20*	29.20*	27.80*	48
49 BRONCHOSCOPY					300.00	194.90*	243.60*	243.60*	49
50 THORACENTESIS					100.00	48.70*	43.10*	76.90*	50
51 CATHERIZATION OF HEART					384.00*	351.20*	414.80*	484.20*	51
52 INSERTION OF PACEMAKER					974.50*	974.50*	957.10*	906.40*	52
53 PARTIAL COLECTOMY					1500.00	974.50*	935.60*	974.50*	53
54 APPENDECTOMY	515.00*	543.30*	407.75*	388.20*					54
55 SIGMOIDOSCOPY					48.70*	38.90*	29.20*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					584.70*	438.50*	487.10*	487.10*	56
57 CHOLECYSTECTOMY					935.00	682.10*	682.10*	682.10*	57
58 REPAIR HERNIA					682.10*	487.10*	584.70*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	89.00*	70.70*	62.60*	72.40*					59
60 DILATION OF URETHRA					19.60*	19.60*	13.60*	19.60*	60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)	1026.40*	923.60*	848.40*	972.00*					62
63 HYSTERECTOMY					1000.00	974.50*	779.60*	974.50*	63
64 INITIAL COMPLETE EYE EXAM					32.00	40.00	32.00	32.00	64
65 COMPREHENSIVE EYE EXAM									65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS	776.40*	776.40*	771.40*	833.90*					67
68 CHEST X-RAY - SINGLE VIEW	22.00	29.20*	29.20*	25.00					68
69 CHEST X-RAY - TWO VIEWS	34.10*	34.10*	29.20*	30.00					69
70 X-RAY SPINE					68.20*	65.00	65.00	65.00	70
71 X-RAY HIP					31.10*	38.90*	38.90*	48.00	71
72 X-RAY UPPER GI TRACT	68.20*	68.20*	68.20*	81.00					72
73 X-RAY COLON					78.00*	78.00*	75.00	68.20*	73
74 RADIATION THERAPY-LOW VOLT	24.00	20.50*	22.60*	26.30*					74
75 RADIATION THERAPY-SUPER VOLT	38.20*	32.10*	35.60*	39.00					75
76 RADIATION THERAPY-MEGAVOLT					47.00	47.00	47.00	47.00	76
77 CAT SCAN - HEAD					280.00	280.00	280.00	280.00	77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					99.48	85.00	54.82	85.00	79
80 NINETEEN CHEMISTRY TESTS					36.00	30.34	30.35	26.07	80
81 CULTURE - OTHER THAN BLOOD					29.70	16.19	23.90	15.22	81
82 HEMOGLOBIN					4.87	5.00	5.00	5.46	82
83 AUTOMATED BLOOD COUNT					18.59	14.96	12.21	13.14	83
84 WHITE CELL COUNT					5.00	6.92	3.14	4.10	84
85 COMPLETE BLOOD COUNT (CBC)					18.59	14.96	12.21	13.14	85
86 CHOLESTEROL TEST					10.00	11.71	8.35	9.21	86
87 FLOCCULATION TEST					12.36	9.08	11.92	10.83	87
88 HEMATOCRIT					19.14	19.08	16.41	17.65	88
89 PLATELET COUNT (REES-ECKER)					12.81	11.21	8.49	9.25	89
90 POTASSIUM TEST - BLOOD					12.81	11.21	8.49	9.25	90
91 PROTHROMBIN TIME TEST					10.00	10.00	8.28	8.35	91
92 SEDIMENTATION RATE					8.00	10.68	8.00	8.42	92
93 BLOOD SUGAR					10.00	11.92	9.03	10.00	93
94 BUN-UREA - NITROGEN					12.47	10.85	9.10	9.57	94
95 URIC ACID					12.47	10.85	9.10	9.57	95
96 FECES-OCULT BLOOD-SCREENING					8.00	9.92	8.89	8.00	96
97 PAP TEST					12.96	12.00	8.28	7.53	97
98 ROUTINE URINALYSIS					8.25	10.00	7.00	9.00	98
99 CHEMICAL URINALYSIS					5.00	5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					21.75	22.00	18.00	25.00	100
101 ELEC MONITORING-PACEMAKER					44.50	55.40	47.70	36.75	101
102 DONOR NEPHRECTOMY-UNILATERAL					13.80	14.40	12.20	13.80	102
103 KIDNEY TRANSPLANT					29.20	33.00	30.70	24.25	103
104 HOSPITAL BED - RENTAL					733.50	583.00	733.50	733.50	104
105 WALKER - RENTAL					42.71	47.01	43.31	50.43	105
106 WHEELCHAIR - RENTAL					381.25	404.58	447.46	435.77	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1983 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	50	05	06	07	50	
1 INITIAL BRIEF OFFICE VISIT									1
2 INITIAL LIMITED OFFICE VISIT	25.00	25.00	23.40*	23.40*					2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT									4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.80*	6.00	5.80*	5.00					5
6 BRIEF FOLLOWUP OFFICE VISIT	9.70*	9.70*	11.70*	9.70*					6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	19.60*	15.40*	15.40*					7
8 INTERMEDIATE F/U OFFICE VISIT									8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT	15.90*	12.50	12.50	12.20*					10
11 BRIEF FOLLOWUP HOME VISIT	15.40*	19.60*	25.00	19.60*					11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	25.00	25.00	25.00	25.00					13
14 EXTENDED CARE FACILITY VISIT									14
15 BRIEF F/U NURSING HOME VISIT	9.70*	9.70	11.70	9.70*					15
16 INITIAL BRIEF HOSPITAL VISIT	41.00*	40.00	29.20*	38.90*					16
17 INIT INTERMED HOSPITAL VISIT									17
18 INITIAL COMP HOSPITAL VISIT	48.70*	40.00	68.20*	68.20*					18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.00*	19.60*	19.60*	19.60*					19
20 LIMITED F/U HOSPITAL VISIT									20
21 INTERMED F/U HOSPITAL VISIT	38.90*	29.20*	30.00	35.00					21
22 EXTENDED F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT					29.20*	29.20*	19.60*	29.20*	23
24 LIMITED EMERGENCY ROOM VISIT									24
25 INTERMED EMERGENCY ROOM VISIT					12.50	17.10*	15.00	12.20*	25
26 LIMITED CONSULTATION	48.70*	48.70*	38.90*	48.70*					26
27 EXTENSIVE CONSULTATION					68.20*	68.20*	68.20*	68.20*	27
28 COMPREHENSIVE CONSULTATION					75.00	75.00	75.00	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					7.20	6.25	5.80	6.25	29
30 PSYCHOTHERAPY-HALF HOUR									30
31 CHIROPRACTIC OFFICE VISIT									31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	19.60*	29.20*					34
35 EKG-INTERPRET AND REPORT ONLY	20.00	20.00	20.00	21.50					35
36 SPIROMETRY					45.00	45.00	60.00	45.00	36
37 ELECTROENCEPHALOGRAM (EEG)					42.00	42.00	29.60*	29.60*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					5.25	5.58	5.72	6.04	39
40 DEBRIDEMENT OF NAILS					18.40*	20.00	18.30*	15.00	40
41 SKIN BIOPSY					29.20*	29.20*	29.20*	48.70*	41
42 CHEMOCAUTERY					19.60*	18.20*	18.60*	25.00	42
43 RADICAL MASTECTOMY					877.00*	974.50*	974.50*	828.40*	43
44 OPEN REDUCTION OF FRACTURE					974.50*	974.50*	974.50*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	19.60*	20.00	20.00	19.60*					45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					1020.10*	1068.80*	1033.00*	974.50*	47
48 NEEDLE PUNCTURE OF BURSA					29.20*	29.20*	29.20*	29.20*	48
49 BRONCHOSCOPY					243.60*	243.60*	243.60*	243.60*	49
50 THORACENTESIS					64.00*	48.70*	59.20*	48.70*	50
51 CATHERIZATION OF HEART					512.70*	490.30*	473.60*	641.00*	51
52 INSERTION OF PACEMAKER					974.50*	974.50*	974.50*	974.50*	52
53 PARTIAL COLECTOMY					974.50*	877.00*	974.50*	974.50*	53
54 APPENDECTOMY	438.20*	493.90*	473.60*	389.80*					54
55 SIGMOIDOSCOPY					38.90*	38.90*	38.90*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA PAN-AMERICAN LIFE INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOUISIANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	50	05	06	07	50	
56 HEMORRHOIOECTOMY					487.10*	487.10*	463.60*	438.50*	56
57 CHOLECYSTECTOMY					682.10*	682.10*	828.40*	682.10*	57
58 REPAIR HERNIA					487.10*	487.10*	682.10*	487.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	57.10*	70.40*	73.50*	78.00*					59
60 DILATION OF URETHRA					19.60*	19.60*	19.60*	29.20*	60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)	776.40*	882.60*	961.10*	779.60*					62
63 HYSTERECTOMY					974.50*	974.50*	974.50*	779.60*	63
64 INITIAL COMPLETE EYE EXAM					32.00	36.00	32.00	28.00	64
65 COMPREHENSIVE EYE EXAM									65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS	723.10*	893.50*	925.00	815.90*					67
68 CHEST X-RAY - SINGLE VIEW	29.20*	23.40*	19.60*	23.40*					68
69 CHEST X-RAY - TWO VIEWS	34.10*	31.10*	32.00	35.10*					69
70 X-RAY SPINE					65.00	65.00	65.00	65.00	70
71 X-RAY HIP					34.40*	38.90*	36.20*	38.90*	71
72 X-RAY UPPER GI TRACT	68.20*	68.20*	68.20*	72.00					72
73 X-RAY COLON					78.00*	78.00*	78.00*	58.50*	73
74 RADIATION THERAPY-LOW VOLT	25.30*	22.60*	23.60*	21.90*					74
75 RADIATION THERAPY-SUPER VOLT	39.00	35.60*	37.10*	34.40*					75
76 RADIATION THERAPY-MEGAVOLT					47.00	47.00	47.00	47.00	76
77 CAT SCAN - HEAD					280.00	280.00	280.00	280.00	77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					85.00	67.75	85.00	85.00	79
80 NINETEEN CHEMISTRY TESTS					39.48	37.24	22.50	39.64	80
81 CULTURE - OTHER THAN BLOOD					20.09	24.87	10.78	19.08	81
82 HEMOGLOBIN					5.00	5.00	4.54	5.00	82
83 AUTOMATED BLOOD COUNT					12.35	10.55	12.28	14.00	83
84 WHITE CELL COUNT					7.57	4.06	5.92	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					12.35	10.55	12.28	14.00	85
86 CHOLESTEROL TEST					8.50	8.41	10.00	11.78	86
87 FLOCCULATION TEST					11.05	8.63	11.00	12.41	87
88 HEMATOCRIT					19.05	18.56	18.12	16.80	88
89 PLATELET COUNT (REES-ECKER)					9.28	8.53	10.12	10.66	89
90 POTASSIUM TEST - BLOOD					9.28	8.53	10.12	10.66	90
91 PROTHROMBIN TIME TEST					7.32	8.34	9.17	10.00	91
92 SEDIMENTATION RATE					8.00	8.00	8.00	8.89	92
93 BLOOD SUGAR					8.14	8.14	8.14	10.00	93
94 BUN-UREA - NITROGEN					8.39	8.70	9.10	11.33	94
95 URIC ACID					8.39	8.70	9.10	11.33	95
96 FECES-OCCULT BLOOD-SCREENING					8.00	6.07	9.71	7.55	96
97 PAP TEST					10.14	10.20	10.21	10.20	97
98 ROUTINE URINALYSIS					8.00	7.00	7.03	6.00	98
99 CHEMICAL URINALYSIS					5.00	5.00	5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS					22.00	24.00	28.00	25.00	100
101 ELEC MONITORING-PACEMAKER					47.70	73.50	42.00	36.40	101
102 DONOR NEPHRECTOMY-UNILATERAL					13.80	13.55	13.80	10.00	102
103 KIDNEY TRANSPLANT					27.50	24.25	25.85	21.00	103
104 HOSPITAL BED - RENTAL					733.50	733.50	733.50	472.50	104
105 WALKER - RENTAL					50.58	53.07	50.41	47.21	105
106 WHEELCHAIR - RENTAL					413.53	480.86	349.93	352.26	106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

MAINE

MAINE



Three Localities:

- 01 - Northern Maine - Aroostook, Piscataquis, Penobscot, Washington, Hancock, Waldo, Somerset and Franklin Counties
- 02 - Central Maine - Oxford, Androscoggin, Kennebec, Sagadahoc, Lincoln, and Knox Counties
- 03 - Southern Maine - Cumberland and York Counties

1983 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MAINE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 01	AREA 02	AREA 03	
1 INITIAL BRIEF OFFICE VISIT				9.70*	7.80*	9.70*	1
2 INITIAL LIMITED OFFICE VISIT	30.00	35.00	31.20*	48.70*	48.70*	48.70*	2
3 INITIAL INTERMED OFFICE VISIT				60.00	35.00	30.00	3
4 INITIAL COMP OFFICE VISIT							4
5 MINIMAL FOLLOWUP OFFICE VISIT	11.70*	13.60*	13.60*	15.60*	15.60*	15.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT							6
7 LIMITED FOLLOWUP OFFICE VISIT	16.00	19.50*	15.00	15.60*	20.00	22.75	7
8 INTERMEDIATE F/U OFFICE VISIT							8
9 EXTENDED F/U OFFICE VISIT	13.50	13.50	13.50	29.20*	32.00	29.20*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	42.90*	44.00	49.10*	29.20*	29.20*	10
11 BRIEF FOLLOWUP HOME VISIT	15.80*	16.10*	11.70*	20.00	19.90*	18.00	11
12 LIMITED FOLLOWUP HOME VISIT				21.60*	30.00	30.00	12
13 INTERMDIATE F/U HOME VISIT	19.50*	17.50*	19.50*	23.40*	23.40*	19.50*	13
14 EXTENDED CARE FACILITY VISIT				13.60*	15.60*	13.60*	14
15 BRIEF F/U NURSING HOME VISIT	13.80*	14.60*	15.40*	16.00	20.00	18.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	40.00	42.00	50.00	60.00	55.00	72.00*	16
17 INIT INTERMED HOSPITAL VISIT							17
18 INITIAL COMP HOSPITAL VISIT							18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	13.60*	15.00	17.50*	15.60*	17.50*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	19.50*	19.50*	30.00	19.50*	31.20*	20
21 INTERMED F/U HOSPITAL VISIT							21
22 EXTENDED F/U HOSPITAL VISIT				34.90*	39.75*	39.75*	22
23 BRIEF EMERGENCY ROOM VISIT				20.00	25.00	25.00*	23
24 LIMITED EMERGENCY ROOM VISIT							24
25 INTERMED EMERGENCY ROOM VISIT							25
26 LIMITED CONSULTATION	30.00*	31.30*	29.20*	39.00*	34.10*	39.75*	26
27 EXTENSIVE CONSULTATION				57.00	48.70*	58.50*	27
28 COMPREHENSIVE CONSULTATION				75.00	65.00	70.00	28
29 PSYCHOTHERAPY-ONE HOUR				70.00	70.00	70.00	29
30 PSYCHOTHERAPY-HALF HOUR				45.00	45.00	45.00	30
31 CHIROPRACTIC OFFICE VISIT	10.50*	10.70*	14.80*	15.00	15.00	15.00	31
32 INITIAL PHYSIOTHERAPY				10.00	10.00	10.00	32
33 F/U PODIATRIC OFFICE VISIT				15.00	15.00	15.00	33
34 ELECTROCARDIOGRAM (EKG)	21.00	24.20*	30.00	26.30*	25.00	26.50*	34
35 EKG-INTERPRET AND REPORT ONLY	9.60*	9.60*	9.60*	10.50	8.20*	12.10*	35
36 SPIROMETRY				35.00	45.00	25.00	36
37 ELECTROENCEPHALOGRAM (EEG)				75.00	75.00	75.00	37
38 CHEMOTHERAPY				18.00	20.00	18.00	38
39 COLLECTION OF SPECIMENS				5.00	4.00	6.00	39
40 DEBRIDEMENT OF NAILS				20.00	20.00	19.50*	40
41 SKIN BIOPSY				42.00	29.20*	45.00	41
42 CHEMOCAUTERY				19.50*	22.00	22.00	42
43 RADICAL MASTECTOMY				584.70*	682.20*	828.30*	43
44 OPEN REDUCTION OF FRACTURE				985.70*	985.70*	985.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	29.60*	25.00	29.80*	29.80*	29.80*	45
46 CORONARY ARTERY BYPASS				3420.00	3420.00	3420.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				1689.70*	1689.70*	1689.70*	47
48 NEEDLE PUNCTURE OF BURSA				29.20*	29.20*	24.40*	48
49 BRONCHOSCOPY				175.40*	146.20*	175.00	49
50 THORACENTESIS				39.10	39.10*	39.10*	50
51 CATHERIZATION OF HEART				800.00	754.70*	754.70*	51
52 INSERTION OF PACEMAKER				1100.00	1072.00*	1100.00	52
53 PARTIAL COLECTOMY				880.00	877.10*	974.50*	53
54 APPENDECTOMY	405.40*	421.00*	337.60*	467.80*	389.80*	500.00	54
55 SIGMOIDOSCOPY				31.00*	39.00	29.20*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MAINE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 01	AREA 02	AREA 03	
56 HEMORRHOIDECTOMY				292.40*	292.40*	380.10*	56
57 CHOLECYSTECTOMY				682.20*	652.90*	701.60*	57
58 REPAIR HERNIA				400.00	389.80*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	54.00*	52.40*	41.50*	58.70*	58.70*	58.70*	59
60 DILATION OF URETHRA				23.50*	23.50*	23.50*	60
61 PROSTATECTOMY - SUPRAPUBIC				920.00	920.00	920.00	61
62 ELECTROSECTION-PROSTATE (TUR)	864.40*	892.25*	826.40*	938.75*	938.75*	938.75*	62
63 HYSTERECTOMY				900.00	900.00	900.00	63
64 INITIAL COMPLETE EYE EXAM				32.00	32.00	32.00	64
65 COMPREHENSIVE EYE EXAM							65
66 EYE EXAM WITH TONOMETRY							66
67 EXTRACTION OF LENS	743.00*	842.00*	675.10*	782.30*	782.30*	782.30*	67
68 CHEST X-RAY - SINGLE VIEW	24.40*	24.40*	24.40*	24.00	20.00	24.40*	68
69 CHEST X-RAY - TWO VIEWS	27.00	27.00	27.00	34.10*	34.10*	34.10*	69
70 X-RAY SPINE				33.00	38.00	41.30	70
71 X-RAY HIP				25.00	27.90*	27.90*	71
72 X-RAY UPPER GI TRACT	77.80*	77.80*	77.80*	77.80*	77.80*	77.80*	72
73 X-RAY COLON				70.60*	70.60*	70.60*	73
74 RADIATION THERAPY-LOW VOLT				22.90 P	22.90 P	22.90 P	74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				250.00 P	250.00 P	250.00 P	77
78 CAT SCAN - ABDOMEN							78
79 THREE CHEMISTRY TESTS				40.00	27.50	22.50	79
80 NINETEEN CHEMISTRY TESTS				13.00	25.00	15.00	80
81 CULTURE - OTHER THAN BLOOD				10.00	6.00	6.00	81
82 HEMOGLOBIN				3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT				13.00	13.00	11.00	83
84 WHITE CELL COUNT				3.50L	3.50L	3.50L	84
85 COMPLETE BLOOD COUNT (CBC)				9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST				5.00L	5.00L	5.00L	86
87 FLOCCULATION TEST				6.90	6.90	6.90	87
88 HEMATOCRIT				3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				7.00	9.00	7.00	89
90 POTASSIUM TEST - BLOOD				9.00	10.00	7.50	90
91 PROTHROMBIN TIME TEST				6.00L	6.00L	6.00L	91
92 SEDIMENTATION RATE				4.50L	4.50L	4.50L	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				7.00L	7.00L	7.00L	94
95 URIC ACID				5.00L	5.00L	5.00L	95
96 FECES-OCCULT BLOOD-SCREENING				4.00	3.00	3.00	96
97 PAP TEST				5.00L	5.00L	5.00L	97
98 ROUTINE URINALYSIS				6.00	6.00	6.00	98
99 CHEMICAL URINALYSIS				3.00	3.00	3.70	99
100 PATHOLOGY - THREE SPECIMENS				24.00	24.00	24.00	100
101 ELEC MONITORING-PACEMAKER				43.00	43.00	43.00	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				65.00	75.00	75.00	104
105 WALKER - RENTAL				15.00	15.00	15.00	105
106 WHEELCHAIR - RENTAL				25.00L	25.00L	25.00L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE							108
109 WALKER - PURCHASE				37.00	37.00	37.00	109
110 WHEELCHAIR - PURCHASE				269.99L	269.99L	269.99L	110

MARYLAND

MARYLAND



Three Localities: (Exclusive of Washington D.C. Locality.)

- 01 Baltimore City, Baltimore, Howard, Harford, Anne Arundel and Carroll Counties
- 02 Frederick, Washington, Allegany and Garrett Counties
- 03 Calvert, Charles, St. Mary's, Cecil, Kent, Queen Anne's, Caroline, Talbot, Dorchester, Wicomico, Somerset and Worcester Counties

1983 PREVAILING CHARGE SUMMARY DATA B/S OF MARYLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MARYLAND
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3	ZONE 1	ZONE 2	ZONE 3	
1 INITIAL BRIEF OFFICE VISIT				20.00	19.60*	19.60*	1
2 INITIAL LIMITED OFFICE VISIT	20.00	20.00	17.00	25.00	20.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT				25.00	20.00	20.00	3
4 INITIAL COMP OFFICE VISIT	35.00	35.00	20.00	97.40*	70.00	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	2.00	11.70*	6.00	10.00	3.00	9.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	15.00	15.00	20.00	19.60*	19.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	17.00	25.00	20.00	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	20.00	17.00	25.00	20.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	33.00	25.00	15.00	35.00	25.00	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	45.00	55.00	78.10*	65.00	65.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	19.60*	19.60*	25.00			11
12 LIMITED FOLLOWUP HOME VISIT				29.30*	25.00	23.40*	12
13 INTERMDIATE F/U HOME VISIT	25.00	23.40*	25.00	29.30*	25.00	23.40*	13
14 EXTENDED CARE FACILITY VISIT				25.00	19.60*	19.60*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	15.00*	13.60*	20.00*	19.60*	19.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	48.70*	97.30*	75.00	85.00	16
17 INIT INTERMED HOSPITAL VISIT				97.30*	75.00	85.00	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	48.70*	97.30*	75.00	85.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	13.60*	15.40*	19.60*	19.60*	19.60*	19
20 LIMITED F/U HOSPITAL VISIT	29.30*	19.60*	19.60*	29.30*	22.00	25.00	20
21 INTERMED F/U HOSPITAL VISIT	29.30*	19.60*	19.60*	29.30*	22.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT				48.70*	40.00	30.00	22
23 BRIEF EMERGENCY ROOM VISIT				20.00	25.00	19.60*	23
24 LIMITED EMERGENCY ROOM VISIT				38.90*	29.30*	25.00	24
25 INTERMED EMERGENCY ROOM VISIT				38.90*	29.30*	25.00	25
26 LIMITED CONSULTATION	38.90*	38.90*	25.00	68.20*	60.00	65.00	26
27 EXTENSIVE CONSULTATION				68.20*	60.00	65.00	27
28 COMPREHENSIVE CONSULTATION				97.30*	75.00	82.50	28
29 PSYCHOTHERAPY-ONE HOUR				68.20*	21.30*	39.30*	29
30 PSYCHOTHERAPY-HALF HOUR				50.00	35.20*	34.30*	30
31 CHIROPRACTIC OFFICE VISIT				13.90*	11.50*	14.20*	31
32 INITIAL PHYSIOTHERAPY				24.00	24.00	20.00	32
33 F/U PODIATRIC OFFICE VISIT				13.90*	14.50*	16.90*	33
34 ELECTROCARDIOGRAM (EKG)	25.00	30.00	25.00	30.00	30.00	29.30*	34
35 EKG-INTERPRET AND REPORT ONLY	13.60*	20.70*	13.60*	13.60*	13.60*	13.60*	35
36 SPIROMETRY				20.00*		20.00*	36
37 ELECTROENCEPHALOGRAM (EEG)				97.30*	120.00	97.40*	37
38 CHEMOTHERAPY				35.00	25.40*	10.00	38
39 COLLECTION OF SPECIMENS				6.00	5.00	5.00	39
40 DEBRIDEMENT OF NAILS				25.00	20.00	25.00	40
41 SKIN BIOPSY				48.70*	35.00	38.90*	41
42 CHEMOCAUTERY				30.00	40.00	15.00*	42
43 RADICAL MASTECTOMY				833.50*	700.00	855.50*	43
44 OPEN REDUCTION OF FRACTURE				974.70*	974.70*	974.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	38.90*	25.00*	29.30*	48.70*	38.90*	30.00	45
46 CORONARY ARTERY BYPASS				2778.20*		2293.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE				1949.00*	1949.00*	1949.00*	47
48 NEEDLE PUNCTURE OF BURSA				45.00	42.00	45.00	48
49 BRONCHOSCOPY				194.90*	194.90*	194.90*	49
50 THORACENTESIS				97.30*	58.50*	52.80*	50
51 CATHETERIZATION OF HEART				508.10*			51
52 INSERTION OF PACEMAKER				1169.60*	1169.60*	1169.60*	52
53 PARTIAL COLECTOMY				974.70*	779.80*	974.70*	53
54 APPENDECTOMY				487.20*	389.90*	409.30*	54
55 SIGMOIDOSCOPY				58.50*	48.70*	38.90*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF MARYLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

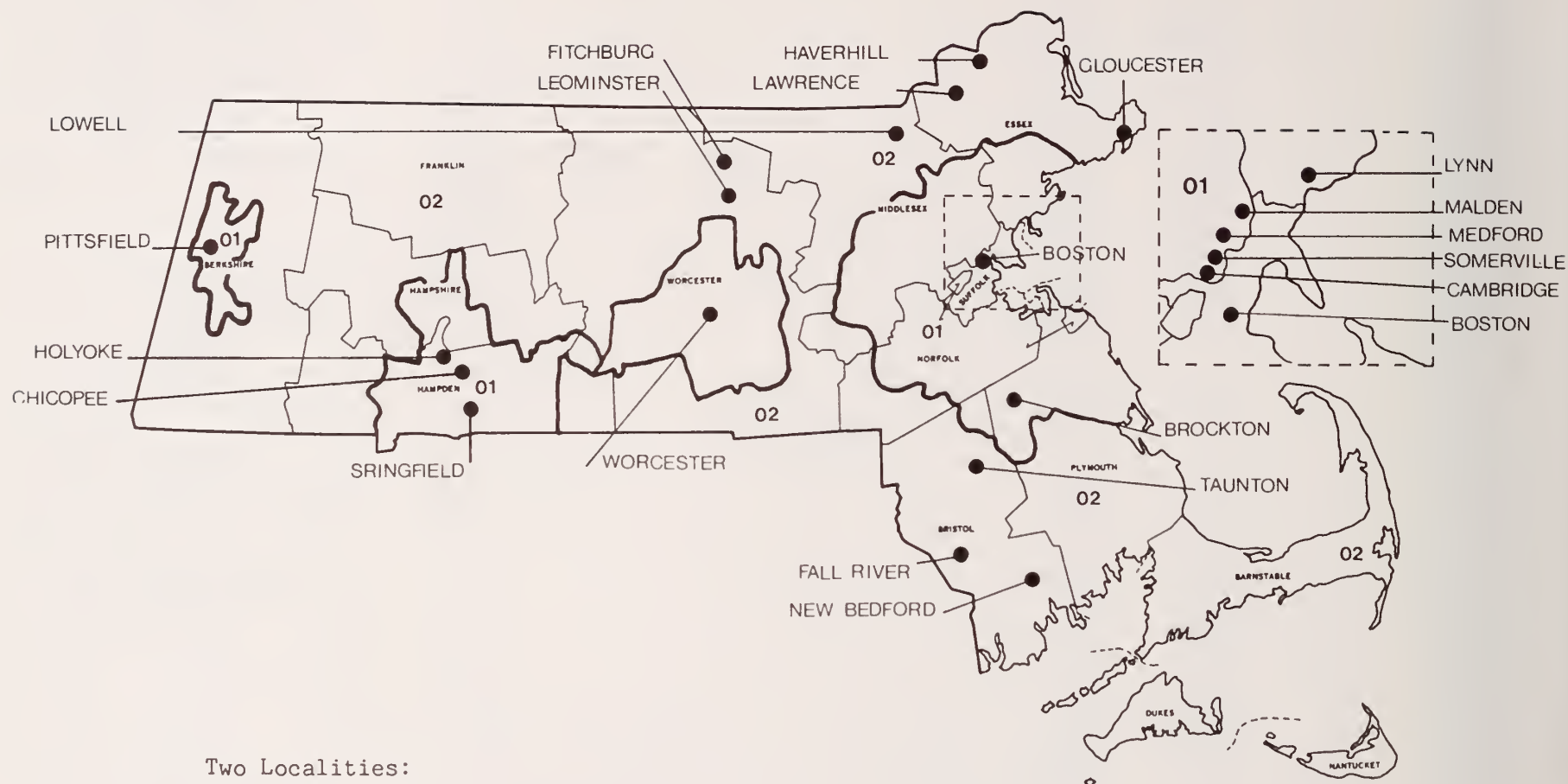
PROCEDURE DESCRIPTION	ZONE 1	ZONE 2	ZONE 3
56 HEMORRHOIDECTOMY			
57 CHOLECYSTECTOMY			
58 REPAIR HERNIA			
59 DIAGNOSTIC CYSTOURETHROSCOPY			
60 DILATION OF URETHRA			
61 PROSTATECTOMY - SUPRAPUBIC			
62 ELECTROSECTION-PROSTATE (TUR)			
63 HYSTERECTOMY			
64 INITIAL COMPLETE EYE EXAM			
65 COMPREHENSIVE EYE EXAM			
66 EYE EXAM WITH TONOMETRY			
67 EXTRACTION OF LENS			
68 CHEST X-RAY - SINGLE VIEW	23.40*	25.00	19.60*
69 CHEST X-RAY - TWO VIEWS	24.00	24.00	24.00
70 X-RAY SPINE			
71 X-RAY HIP			
72 X-RAY UPPER GI TRACT	87.50*		
73 X-RAY COLON			
74 RADIATION THERAPY-LOW VOLT			
75 RADIATION THERAPY-SUPER VOLT			
76 RADIATION THERAPY-MEGAVOLT			
77 CAT SCAN - HEAD			
78 CAT SCAN - ABDOMEN			
79 THREE CHEMISTRY TESTS			
80 NINETEEN CHEMISTRY TESTS			
81 CULTURE - OTHER THAN BLOOD			
82 HEMOGLOBIN			
83 AUTOMATED BLOOD COUNT			
84 WHITE CELL COUNT			
85 COMPLETE BLOOD COUNT (CBC)			
86 CHOLESTEROL TEST			
87 FLOCCULATION TEST			
88 HEMATOCRIT			
89 PLATELET COUNT (REES-ECKER)			
90 POTASSIUM TEST - BLOOD			
91 PROTHROMBIN TIME TEST			
92 SEDIMENTATION RATE			
93 BLOOD SUGAR			
94 BUN-UREA - NITROGEN			
95 URIC ACID			
96 FECES-OCCULT BLOOD-SCREENING			
97 PAP TEST			
98 ROUTINE URINALYSIS			
99 CHEMICAL URINALYSIS			
100 PATHOLOGY - THREE SPECIMENS			
101 ELEC MONITORING-PACEMAKER			
102 DONOR NEPHRECTOMY-UNILATERAL			
103 KIDNEY TRANSPLANT			
104 HOSPITAL BED - RENTAL			
105 WALKER - RENTAL			
106 WHEELCHAIR - RENTAL			
107 LIQUID OXYGEN - RENTAL			
108 HOSPITAL BED - PURCHASE			
109 WALKER - PURCHASE			
110 WHEELCHAIR - PURCHASE			

MARYLAND
LOCALITY DESIGNATION FOR SPECIALIST

ZONE 1	ZONE 2	ZONE 3	
389.90*	321.70*	304.10*	56
682.10*	584.80*	682.10*	57
487.20*	389.90*	421.00*	58
97.30*	78.10*	78.10*	59
30.00	20.00	25.00	60
1072.00*	702.00*	1072.00*	61
1200.00	1005.00	1250.00	62
974.70*	926.00*	877.10*	63
28.00	28.00	25.00	64
40.00	28.00	35.00	65
22.00	15.00	15.00	66
974.70*	779.80*	779.80*	67
29.30*	29.30*	28.00	68
37.00	33.00	36.00	69
48.70*	48.70*	44.00	70
38.90*	29.30*	29.30*	71
89.00	83.00	87.50*	72
78.10*	85.00	85.00	73
29.30*	39.00*	19.50*	74
29.30*	39.00*	19.50*	75
29.30*	39.00*	19.50*	76
300.00		300.00	77
369.60*		410.00	78
			79
20.00	20.00	20.00	80
20.00	17.50	10.00	81
3.00L	3.00L	3.00L	82
			83
3.00L	3.00L	2.50	84
9.00L	9.00L	9.00L	85
5.75L	5.75L	5.75L	86
			87
3.00L	3.00L	3.00	88
8.00	5.50	10.00	89
8.00	5.00	6.00	90
5.00L	5.00L	5.00L	91
5.00	5.00L	5.00	92
5.00L	5.00L	5.00L	93
5.75L	5.75L	5.75L	94
5.00L	5.00L	5.00L	95
5.00	4.00	3.00	96
7.00L	7.00L	7.00L	97
5.00L	5.00	5.00	98
5.00	5.00	5.00	99
30.00	14.50	30.00	100
35.00	30.00	30.00	101
			102
1900.00*			103
55.00	55.00	50.00	104
18.00	12.00	10.00	105
26.00L	26.00L	26.00L	106
65.00			107
411.00L	411.00L	411.00L	108
50.25	56.00	49.75	109
269.00L	269.00L	269.00L	110

MASSACHUSETTS

MASSACHUSETTS



Two Localities:

01 - Urban

02 - Suburban/Rural

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MASSACHUSETTS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	URBAN	SUBURB	URBAN	SUBURB	
1 INITIAL BRIEF OFFICE VISIT			25.00	19.50*	1
2 INITIAL LIMITED OFFICE VISIT	29.20*	20.00	35.00	25.00	2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	39.00*	22.00	48.70*	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT					5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITED FOLLOWUP OFFICE VISIT					7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	25.00	23.40*	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMDIATE F/U HOME VISIT					13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT	19.50*	19.50*	29.20*	25.00	15
16 INITIAL BRIEF HOSPITAL VISIT	19.50*	19.50*	25.30*	19.50*	16
17 INIT INTERMED HOSPITAL VISIT			29.20*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT					18
19 BRIEF FOLLOWUP HOSPITAL VISIT					19
20 LIMITED F/U HOSPITAL VISIT					20
21 INTERMED F/U HOSPITAL VISIT	19.30*	20.00	33.70*	25.30*	21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT					23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT					25
26 LIMITED CONSULTATION	42.70*	34.90*	39.00*	35.00*	26
27 EXTENSIVE CONSULTATION			78.00*	68.20*	27
28 COMPREHENSIVE CONSULTATION					28
29 PSYCHOTHERAPY-ONE HOUR			59.10*	41.30*	29
30 PSYCHOTHERAPY-HALF HOUR			40.00	24.75*	30
31 CHIROPRACTIC OFFICE VISIT	15.40*	13.10*	15.40*	15.60*	31
32 INITIAL PHYSIOTHERAPY			13.80*	18.30*	32
33 F/U PODIATRIC OFFICE VISIT			15.60*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	29.20*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00	10.00	14.60*	12.90*	35
36 SPIROMETRY			30.00	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)			90.00	90.00	37
38 CHEMOTHERAPY			33.70*	25.30*	38
39 COLLECTION OF SPECIMENS			10.00	10.00	39
40 DEBRIDEMENT OF NAILS			19.50*	19.10*	40
41 SKIN BIOPSY			48.70*	29.20*	41
42 CHEMOCAUTERY			50.00	40.50*	42
43 RADICAL MASTECTOMY			730.90*	730.90*	43
44 OPEN REDUCTION OF FRACTURE			584.70*	389.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	48.70*	40.00	48.70*	48.70*	45
46 CORONARY ARTERY BYPASS			3347.40*	3294.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE			2227.70*	2600.00	47
48 NEEDLE PUNCTURE OF BURSA			48.70*	48.70*	48
49 BRONCHOSCOPY			194.90*	243.60*	49
50 THORACENTESIS			68.20*	68.20*	50
51 CATHERIZATION OF HEART			487.25*	519.20*	51
52 INSERTION OF PACEMAKER			1169.40*	1400.00	52
53 PARTIAL COLECTOMY			1169.40*	974.50*	53
54 APPENDECTOMY	487.25*	341.10*	487.25*	487.25*	54
55 SIGMOIDOSCOPY			48.70*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF MASSACHUSETTS
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MASSACHUSETTS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	URBAN	SUBURB	URBAN	SUBURB	
56 HEMORRHOIDECTOMY			389.80*	389.80*	56
57 CHOLECYSTECTOMY			818.60*	730.90*	57
58 REPAIR HERNIA			487.25*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	83.20*	77.80*	116.00*	100.00	59
60 DILATION OF URETHRA			35.00	26.00	60
61 PROSTATECTOMY - SUPRAPUBIC			1072.00*	877.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	725.20*	677.70*	974.50*	779.60*	62
63 HYSTERECTOMY			974.50*	877.10*	63
64 INITIAL COMPLETE EYE EXAM			32.00	32.00	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			24.60*	20.30*	66
67 EXTRACTION OF LENS	1200.00	1100.00	974.50*	974.50*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	29.20*	29.20*	35.00	68
69 CHEST X-RAY - TWO VIEWS	35.00	29.20*	39.00*	39.00*	69
70 X-RAY SPINE			39.00*	39.00*	70
71 X-RAY HIP			29.20*	35.10*	71
72 X-RAY UPPER GI TRACT	68.20*	44.40*	78.00*	78.00*	72
73 X-RAY COLON			70.20*	68.20*	73
74 RADIATION THERAPY-LOW VOLT	46.00	46.00	46.00	46.00	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			246.00	246.00	77
78 CAT SCAN - ABDOMEN			269.00*	275.00	78
79 THREE CHEMISTRY TESTS			27.00	27.00	79
80 NINETEEN CHEMISTRY TESTS			25.00	25.00	80
81 CULTURE - OTHER THAN BLOOD			11.00	11.00	81
82 HEMOGLOBIN			4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT			13.50	13.50	83
84 WHITE CELL COUNT			4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)			9.00L	9.00L	85
86 CHOLESTEROL TEST			7.00L	7.00L	86
87 FLOCCULATION TEST			14.00	14.00	87
88 HEMATOCRIT			4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)			10.00	10.00	89
90 POTASSIUM TEST - BLOOD			10.00	10.00	90
91 PROTHROMBIN TIME TEST			7.00L	7.00L	91
92 SEDIMENTATION RATE			6.00L	6.00L	92
93 BLOOD SUGAR			7.00L	7.00L	93
94 BUN-UREA - NITROGEN			7.00L	7.00L	94
95 URIC ACID			7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING			6.00	6.00	96
97 PAP TEST			7.25L	7.50L	97
98 ROUTINE URINALYSIS			6.00L	6.00L	98
99 CHEMICAL URINALYSIS			7.00	7.00	99
100 PATHOLOGY - THREE SPECIMENS			30.00	30.00	100
101 ELEC MONITORING-PACEMAKER			54.00	54.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			994.00*	865.40*	102
103 KIDNEY TRANSPLANT			2404.90*	2366.50*	103
104 HOSPITAL BED - RENTAL			65.00L	50.00L	104
105 WALKER - RENTAL			22.00	22.00	105
106 WHEELCHAIR - RENTAL			36.00L	25.00L	106
107 LIQUID OXYGEN - RENTAL			150.00	150.00	107
108 HOSPITAL BED - PURCHASE					108
109 WALKER - PURCHASE			37.75	37.75	109
110 WHEELCHAIR - PURCHASE			300.00L	300.00L	110

MICHIGAN

[illegible]

1 - Metropolitan-Macomb, Oakland, Washtenaw, Wayne
2 - Rural-Rest of the State

1 - Metropolitan-Macomb, Oakland, Washtenaw, Wayne
2 - Rural-Rest of the State

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MICHIGAN
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MICHIGAN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	1	2	
1 INITIAL BRIEF OFFICE VISIT			39.00*	29.20*	1
2 INITIAL LIMITED OFFICE VISIT	25.30*	23.40*	39.00*	29.20*	2
3 INITIAL INTERMED OFFICE VISIT			39.00*	29.20*	3
4 INITIAL COMP OFFICE VISIT			58.50*	55.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.60*	13.60*	19.50*	15.60*	5
6 BRIEF FOLLOWUP OFFICE VISIT			19.50*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT			19.50*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT			19.50*	15.60*	8
9 EXTENDED F/U OFFICE VISIT	15.60*	13.60*	19.50*	15.60*	9
10 COMP FOLLOWUP OFFICE VISIT	25.30*	23.40*	39.00*	29.20*	10
11 BRIEF FOLLOWUP HOME VISIT			19.50*	15.60*	11
12 LIMITED FOLLOWUP HOME VISIT			19.50*	15.60*	12
13 INTERMDIATE F/U HOME VISIT			19.50*	15.60*	13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT			9.75*	7.80*	15
16 INITIAL BRIEF HOSPITAL VISIT		35.00			16
17 INIT INTERMED HOSPITAL VISIT					17
18 INITIAL COMP HOSPITAL VISIT		20.00			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	18.90*	17.90*			19
20 LIMITED F/U HOSPITAL VISIT	18.90*	17.90*			20
21 INTERMED F/U HOSPITAL VISIT	18.90*	17.90*			21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT			25.75*	25.75*	23
24 LIMITED EMERGENCY ROOM VISIT			25.75*	25.75*	24
25 INTERMED EMERGENCY ROOM VISIT			25.75*	25.75*	25
26 LIMITED CONSULTATION	48.70*	48.70*	57.00*	57.00*	26
27 EXTENSIVE CONSULTATION			57.00*	57.00*	27
28 COMPREHENSIVE CONSULTATION			87.70*	78.00*	28
29 PSYCHOTHERAPY-ONE HOUR			65.00	70.00	29
30 PSYCHOTHERAPY-HALF HOUR			35.00	36.30	30
31 CHIROPRACTIC OFFICE VISIT	15.00*	13.60*			31
32 INITIAL PHYSIOTHERAPY					32
33 F/U PODIATRIC OFFICE VISIT			19.50*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)					34
35 EKG-INTERPRET AND REPORT ONLY					35
36 SPIROMETRY			59.50	56.50	36
37 ELECTROENCEPHALOGRAM (EEG)			68.20*	68.20*	37
38 CHEMOTHERAPY			2.00	2.00	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS			38.40*	35.90*	40
41 SKIN BIOPSY			48.70*	48.70*	41
42 CHEMOCAUTERY			48.70*	39.00*	42
43 RADICAL MASTECTOMY			789.00*	789.00*	43
44 OPEN REDUCTION OF FRACTURE			779.50*	779.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	48.00*	48.00*	48.00*	43.90*	45
46 CORONARY ARTERY BYPASS			3000.00*	3000.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE			1577.00*	1577.00	47
48 NEEDLE PUNCTURE OF BURSA			39.00*	43.90*	48
49 BRONCHOSCOPY			238.00*	204.60*	49
50 THORACENTESIS			58.50*	48.70*	50
51 CATHERIZATION OF HEART			590.00	682.10*	51
52 INSERTION OF PACEMAKER			1041.00	1000.00	52
53 PARTIAL COLECTOMY			925.70*	876.90*	53
54 APPENDECTOMY			399.00	399.00*	54
55 SIGMOIDOSCOPY			47.00*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MICHIGAN
LOCALITY DESIGNATION FOR GENERAL PRACTICE

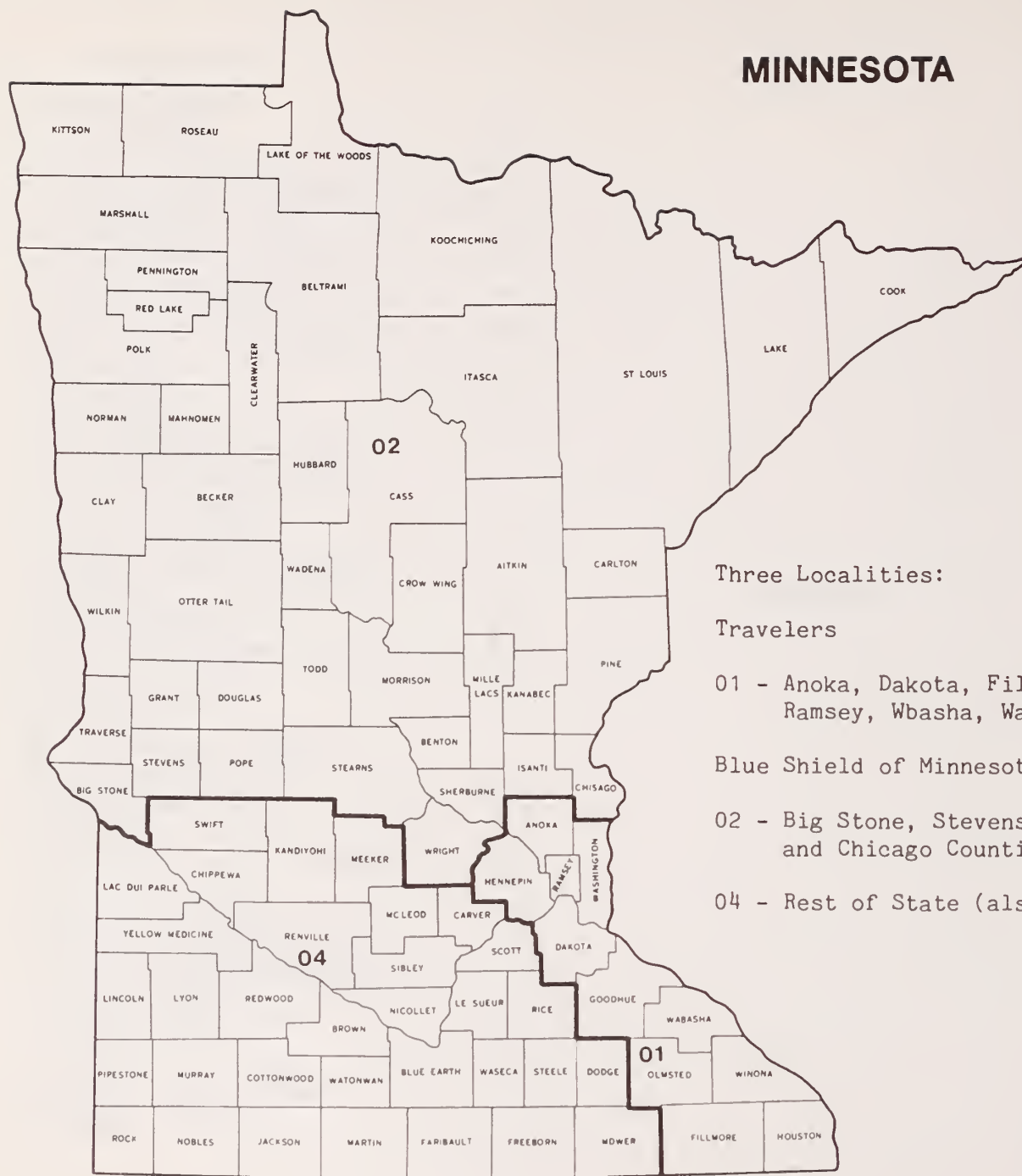
PROCEDURE DESCRIPTION	1	2	3
56 HEMORRHOIOECTOMY			
57 CHOLECYSTECTOMY			
58 REPAIR HERNIA			
59 DIAGNOSTIC CYSTOURETHROSCOPY			
60 DILATION OF URETHRA			
61 PROSTATECTOMY - SUPRAPUBIC			
62 ELECTROSECTION-PROSTATE (TUR)			
63 HYSTERECTOMY			
64 INITIAL COMPLETE EYE EXAM			
65 COMPREHENSIVE EYE EXAM			
66 EYE EXAM WITH TONOMETRY			
67 EXTRACTION OF LENS			
68 CHEST X-RAY - SINGLE VIEW	15.00	15.00	
69 CHEST X-RAY - TWO VIEWS			
70 X-RAY SPINE			
71 X-RAY HIP			
72 X-RAY UPPER GI TRACT			
73 X-RAY COLON			
74 RADIATION THERAPY-LOW VOLT			
75 RADIATION THERAPY-SUPER VOLT			
76 RADIATION THERAPY-MEGAVOLT			
77 CAT SCAN - HEAD			
78 CAT SCAN - ABDOMEN			
79 THREE CHEMISTRY TESTS			
80 NINETEEN CHEMISTRY TESTS			
81 CULTURE - OTHER THAN BLOOD			
82 HEMOGLOBIN			
83 AUTOMATED BLOOD COUNT			
84 WHITE CELL COUNT			
85 COMPLETE BLOOD COUNT (CBC)			
86 CHOLESTEROL TEST			
87 FLOCCULATION TEST			
88 HEMATOCRIT			
89 PLATELET COUNT (REES-ECKER)			
90 POTASSIUM TEST - BLOOD			
91 PROTHROMBIN TIME TEST			
92 SEDIMENTATION RATE			
93 BLOOD SUGAR			
94 BUN-UREA - NITROGEN			
95 URIC ACID			
96 FECES-OCCULT BLOOD-SCREENING			
97 PAP TEST			
98 ROUTINE URINALYSIS			
99 CHEMICAL URINALYSIS			
100 PATHOLOGY - THREE SPECIMENS			
101 ELEC MONITORING-PACEMAKER			
102 DONOR NEPHRECTOMY-UNILATERAL			
103 KIDNEY TRANSPLANT			
104 HOSPITAL BED - RENTAL			
105 WALKER - RENTAL			
106 WHEELCHAIR - RENTAL			
107 LIQUIO OXYGEN - RENTAL			
108 HOSPITAL BED - PURCHASE			
109 WALKER - PURCHASE			
110 WHEELCHAIR - PURCHASE			

MICHIGAN
LOCALITY DESIGNATION FOR SPECIALIST

1	2	
474.00*	420.90*	56
625.00*	625.00*	57
487.20*	389.80*	58
136.40*	107.20*	59
29.20*	29.20*	60
974.40*	876.90*	61
785.00*	785.00*	62
1000.00	818.50*	63
39.00*	29.20*	64
39.00*	29.20*	65
19.50*	15.60*	66
825.00*	825.00*	67
15.00*	15.00*	68
28.00*	28.00*	69
41.00*	41.00	70
32.00*	32.00*	71
59.00*	59.00*	72
59.00	59.00	73
22.90*	20.70*	74
48.70*	48.70*	75
48.70*	48.70*	76
300.00	316.00	77
470.00	342.00	78
7.00	7.00	79
20.00	20.00	80
20.00	18.50	81
4.00L	4.00L	82
5.25	5.25	83
4.00L	4.00L	84
8.00L	8.00L	85
5.00L	5.00L	86
5.00	5.00	87
4.00L	4.00L	88
5.00	5.00	89
5.00	5.00	90
5.00L	5.00L	91
4.25L	4.25L	92
5.00L	5.00L	93
5.00L	5.00L	94
5.25L	5.25L	95
7.00	5.50	96
7.00L	7.00L	97
6.00	6.00	98
3.00L	3.00L	99
35.00	26.00	100
32.00	32.00	101
950.00*	876.90*	102
		103
77.00	75.00	104
4.00	4.00	105
33.00	33.00	106
		107
819.00	819.00	108
34.00	36.00	109
268.30	268.30	110

MINNESOTA

MINNESOTA



Three Localities:

Travelers

01 - Anoka, Dakota, Fillmore, Goodhue, Hennepin, Houston, Olmstead, Ramsey, Wabasha, Washington, and Winona Counties

Blue Shield of Minnesota

02 - Big Stone, Stevens, Pope, Stearns, Wright, Sherburne, Isanti, and Chicago Counties and all points North

04 - Rest of State (also excluding Travelers' localities)

1983·PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 1	
1 INITIAL BRIEF OFFICE VISIT		15.40*	1
2 INITIAL LIMITED OFFICE VISIT	19.00	25.00	2
3 INITIAL INTERMED OFFICE VISIT		38.90*	3
4 INITIAL COMP OFFICE VISIT	48.70*	78.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.60*		5
6 BRIEF FOLLOWUP OFFICE VISIT			6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT			8
9 EXTENDED F/U OFFICE VISIT	25.00		9
10 COMP FOLLOWUP OFFICE VISIT			10
11 BRIEF FOLLOWUP HOME VISIT	21.00	29.20*	11
12 LIMITED FOLLOWUP HOME VISIT		35.10*	12
13 INTERMDIATE F/U HOME VISIT	25.00	45.00	13
14 EXTENDED CARE FACILITY VISIT		19.60*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	15.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	26.00	37.50	16
17 INIT INTERMED HOSPITAL VISIT		48.70*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	78.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	19.60*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT			22
23 BRIEF EMERGENCY ROOM VISIT		19.60*	23
24 LIMITED EMERGENCY ROOM VISIT		29.20*	24
25 INTERMED EMERGENCY ROOM VISIT		38.90*	25
26 LIMITED CONSULTATION	19.60*	29.20*	26
27 EXTENSIVE CONSULTATION		68.20*	27
28 COMPREHENSIVE CONSULTATION		97.30*	28
29 PSYCHOTHERAPY-ONE HOUR		75.00	29
30 PSYCHOTHERAPY-HALF HOUR		40.00	30
31 CHIROPRACTIC OFFICE VISIT	13.50*	15.40*	31
32 INITIAL PHYSIOTHERAPY		14.40*	32
33 F/U PODIATRIC OFFICE VISIT		13.60*	33
34 ELECTROCARDIOGRAM (EKG)	27.00	28.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.40*	10.70*	35
36 SPIROMETRY		20.00	36
37 ELECTROENCEPHALOGRAM (EEG)		78.00*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		25.00	40
41 SKIN BIOPSY		40.00	41
42 CHEMOCAUTERY			42
43 RADICAL MASTECTOMY		760.00*	43
44 OPEN REDUCTION OF FRACTURE		974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	29.20*	45
46 CORONARY ARTERY BYPASS		3462.50*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2006.80*	47
48 NEEDLE PUNCTURE OF BURSA		29.20*	48
49 BRONCHOSCOPY		233.80*	49
50 THORACENTESIS		48.70*	50
51 CATHERIZATION OF HEART		584.70*	51
52 INSERTION OF PACEMAKER		1101.20*	52
53 PARTIAL COLECTOMY		1071.80*	53
54 APPENDECTOMY	438.50*	487.10*	54
55 SIGMOIDOSCOPY		38.90*	55

1983 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 1	
56 HEMORRHOIDECTOMY		448.25*	56
57 CHOLECYSTECTOMY		701.60*	57
58 REPAIR HERNIA		487.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	58.50*	59
60 DILATION OF URETHRA		19.00	60
61 PROSTATECTOMY - SUPRAPUBIC		935.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	995.00	876.90*	62
63 HYSTERECTOMY		876.90*	63
64 INITIAL COMPLETE EYE EXAM		35.00	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY		19.60*	66
67 EXTRACTION OF LENS		876.90*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	21.50*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	69
70 X-RAY SPINE		48.70*	70
71 X-RAY HIP		38.90*	71
72 X-RAY UPPER GI TRACT	62.30*	58.50*	72
73 X-RAY COLON		58.50*	73
74 RADIATION THERAPY-LOW VOLT		29.20*	74
75 RADIATION THERAPY-SUPER VOLT		28.50	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		281.90*	77
78 CAT SCAN - ABDOMEN		316.50*	78
79 THREE CHEMISTRY TESTS		30.00	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		14.00	81
82 HEMOGLOBIN		6.00	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		7.00	84
85 COMPLETE BLOOD COUNT (CBC)		18.00	85
86 CHOLESTEROL TEST		10.00	86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT		6.00	88
89 PLATELET COUNT (REES-ECKER)		11.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		9.00	91
92 SEDIMENTATION RATE		7.00	92
93 BLOOD SUGAR		10.00	93
94 BUN-UREA - NITROGEN		11.00	94
95 URIC ACID		11.00	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		15.00	97
98 ROUTINE URINALYSIS		8.00	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		25.00	100
101 ELEC MONITORING-PACEMAKER		26.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1059.00	102
103 KIDNEY TRANSPLANT		2244.00	103
104 HOSPITAL BED - RENTAL		65.00	104
105 WALKER - RENTAL		22.00	105
106 WHEELCHAIR - RENTAL		35.00	106
107 LIQUID OXYGEN - RENTAL		90.00	107
108 HOSPITAL BED - PURCHASE		595.00	108
109 WALKER - PURCHASE		48.00	109
110 WHEELCHAIR - PURCHASE		349.00	110

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	04	02	04	
1 INITIAL BRIEF OFFICE VISIT					1
2 INITIAL LIMITED OFFICE VISIT					2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	42.00	40.00	22.00	22.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.50	7.00	10.00	7.00	5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITED FOLLOWUP OFFICE VISIT	11.70*	11.80*	13.60*	13.60*	7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT	19.30*	21.70*	39.00*	29.20*	10
11 BRIEF FOLLOWUP HOME VISIT	25.30	20.00	25.00	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMDIATE F/U HOME VISIT	26.00	22.00	25.00	20.00	13
14 EXTENDED CARE FACILITY VISIT			11.70*	11.70*	14
15 BRIEF F/U NURSING HOME VISIT					15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	39.00*	44.00	37.50	16
17 INIT INTERMED HOSPITAL VISIT			48.70*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	58.50*	50.00	58.50*	75.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.75*	11.70*	13.60*	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	21.10*	23.80*	25.70*	26.50*	20
21 INTERMED F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT					23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT			24.60*	23.40*	25
26 LIMITED CONSULTATION	30.00	45.00	38.00	30.00	26
27 EXTENSIVE CONSULTATION			40.00	42.00	27
28 COMPREHENSIVE CONSULTATION			90.00*	56.00	28
29 PSYCHOTHERAPY-ONE HOUR					29
30 PSYCHOTHERAPY-HALF HOUR			20.00	28.00	30
31 CHIROPRACTIC OFFICE VISIT	15.00	15.00	15.00	15.00	31
32 INITIAL PHYSIOTHERAPY			12.30*	9.00	32
33 F/U PODIATRIC OFFICE VISIT			13.60*	11.70*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	32.00	29.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.60*	14.60*	14.60*	14.60*	35
36 SPIROMETRY			27.50	18.00	36
37 ELECTROENCEPHALOGRAM (EEG)			76.00	83.00	37
38 CHEMOTHERAPY			16.50	11.60*	38
39 COLLECTION OF SPECIMENS			6.00	6.00	39
40 DEBRIDEMENT OF NAILS			14.60*	10.00	40
41 SKIN BIOPSY			39.00*	29.20*	41
42 CHEMOCAUTERY			29.50	20.00	42
43 RADICAL MASTECTOMY			747.40*	747.40*	43
44 OPEN REDUCTION OF FRACTURE			770.00	780.00	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	24.40*	33.00	25.00	45
46 CORONARY ARTERY BYPASS					46
47 TOTAL ARTIFICIAL HIP REPLACE			1760.00	1839.90*	47
48 NEEDLE PUNCTURE OF BURSA			24.20*		48
49 BRONCHOSCOPY			185.20*	185.20*	49
50 THORACENTESIS			35.10*	48.70*	50
51 CATHERIZATION OF HEART					51
52 INSERTION OF PACEMAKER					52
53 PARTIAL COLECTOMY			982.30*	935.50*	53
54 APPENDECTOMY	495.10*	495.10*	491.20*	491.20*	54
55 SIGMOIDOSCOPY			37.00*	35.10*	55

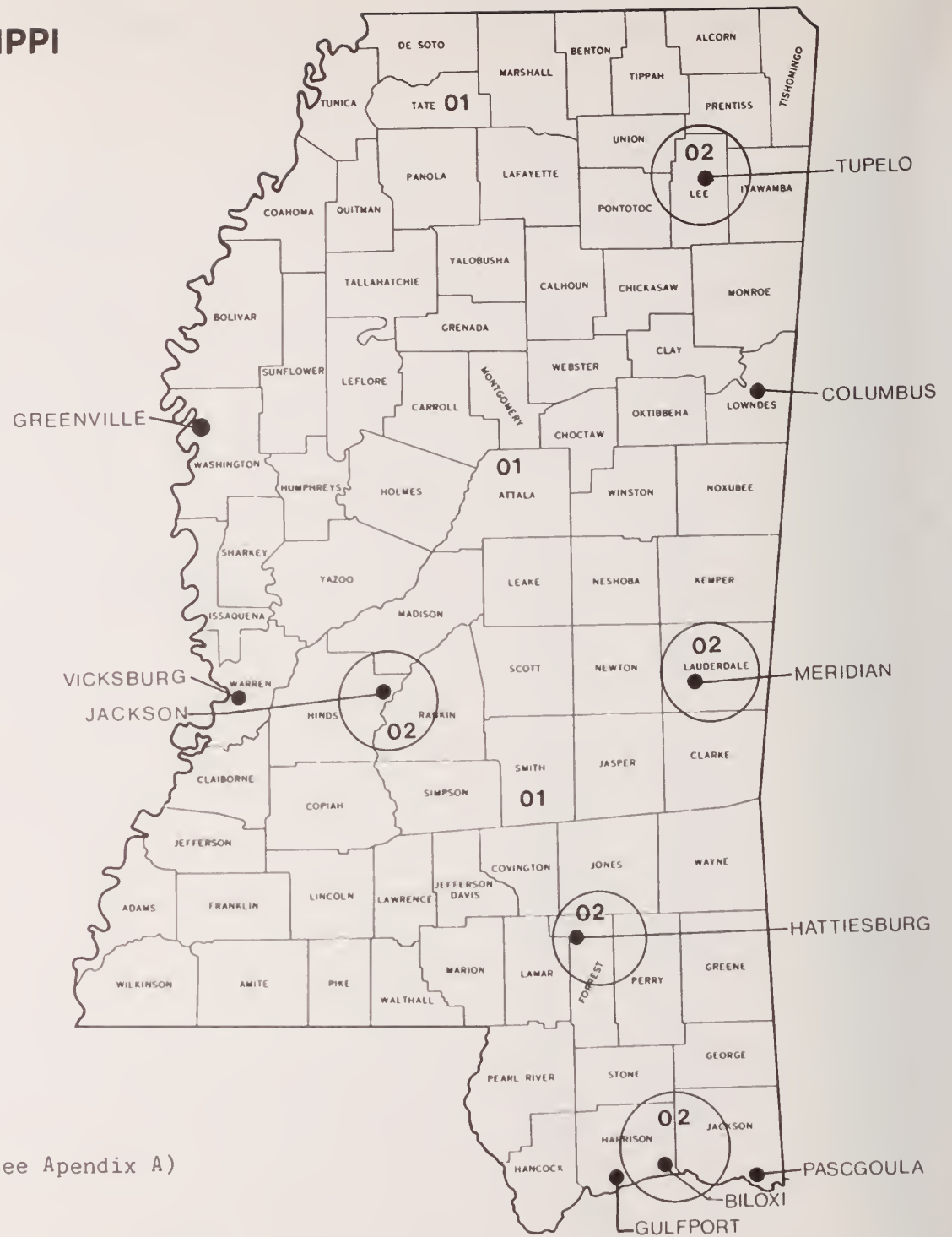
1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF MINNESOTA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MINNESOTA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	04	02	04	
56 HEMORRHOIDECTOMY			368.40*	350.80*	56
57 CHOLECYSTECTOMY			701.60*	700.00	57
58 REPAIR HERNIA			438.50*	409.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			61.40*	68.20*	59
60 DILATION OF URETHRA			26.00	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC			935.50*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)		982.30*	1050.00	935.50*	62
63 HYSTERECTOMY			867.70*	818.60*	63
64 INITIAL COMPLETE EYE EXAM					64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY			38.00	32.00	66
67 EXTRACTION OF LENS			982.30*	957.00	67
68 CHEST X-RAY - SINGLE VIEW	21.40*	23.25	23.40*	23.00	68
69 CHEST X-RAY - TWO VIEWS	32.00	29.20*	29.20*	20.00	69
70 X-RAY SPINE			46.80*	39.00	70
71 X-RAY HIP			39.00*	39.00*	71
72 X-RAY UPPER GI TRACT	58.50*	68.20*	67.00	58.50*	72
73 X-RAY COLON			58.50*	58.50*	73
74 RADIATION THERAPY-LOW VOLT			25.00		74
75 RADIATION THERAPY-SUPER VOLT			24.00		75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD					77
78 CAT SCAN - ABDOMEN			14.80*	16.00	78
79 THREE CHEMISTRY TESTS			20.00	20.00	79
80 NINETEEN CHEMISTRY TESTS			31.00	31.00	80
81 CULTURE - OTHER THAN BLOOD			12.00	12.00	81
82 HEMOGLOBIN			4.20L	4.20L	82
83 AUTOMATED BLOOD COUNT			14.00	14.00	83
84 WHITE CELL COUNT			4.90L	4.90L	84
85 COMPLETE BLOOD COUNT (CBC)			14.00L	14.00L	85
86 CHOLESTEROL TEST			7.50L	7.50L	86
87 FLOCCULATION TEST					87
88 HEMATOCRIT					88
89 PLATELET COUNT (REES-ECKER)			9.00	9.00	89
90 POTASSIUM TEST - BLOOD			10.00	10.00	90
91 PROTHROMBIN TIME TEST			7.00L	7.00L	91
92 SEDIMENTATION RATE			5.25L	5.25L	92
93 BLOOD SUGAR			7.50L	7.50L	93
94 BUN-UREA - NITROGEN			8.00L	8.00L	94
95 URIC ACID			7.75L	7.75L	95
96 FECES-OCCULT BLOOD-SCREENING			4.50	4.50	96
97 PAP TEST			9.00L	9.00L	97
98 ROUTINE URINALYSIS			5.00L	5.00L	98
99 CHEMICAL URINALYSIS			5.00	5.00	99
100 PATHOLOGY - THREE SPECIMENS			27.25	27.25	100
101 ELEC MONITORING-PACEMAKER			12.50	25.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL			64.00L	64.00L	104
105 WALKER - RENTAL			10.00	10.00	105
106 WHEELCHAIR - RENTAL			16.50L	16.50L	106
107 LIQUID OXYGEN - RENTAL					107
108 HOSPITAL BED - PURCHASE			450.00L	450.00L	108
109 WALKER - PURCHASE			50.00	50.00	109
110 WHEELCHAIR - PURCHASE			255.00L	255.00L	110

MISSISSIPPI

MISSISSIPPI



Two Localities:

01 - Rural

02 - Metropolitan

(For more locality information see Apendix A)

1983 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSISSIPPI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 1	AREA 2	
1 INITIAL BRIEF OFFICE VISIT			12.00	13.80*	1
2 INITIAL LIMITED OFFICE VISIT	15.00	19.60*	19.60*	19.60*	2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	19.60*	20.00	38.90*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.70*	11.70*	13.60*	15.40*	5
6 BRIEF FOLLOWUP OFFICE VISIT					6
7 LIMITED FOLLOWUP OFFICE VISIT					7
8 INTERMEDIATE F/U OFFICE VISIT					8
9 EXTENDED F/U OFFICE VISIT					9
10 COMP FOLLOWUP OFFICE VISIT					10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	19.60*	19.60*	23.40*	11
12 LIMITED FOLLOWUP HOME VISIT					12
13 INTERMDIATE F/U HOME VISIT	25.40*	25.40*	25.00	29.20*	13
14 EXTENDED CARE FACILITY VISIT			13.60*	15.40*	14
15 BRIEF F/U NURSING HOME VISIT	9.70*		13.60*	15.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	38.90*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					17
18 INITIAL COMP HOSPITAL VISIT					18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.70*	11.00	9.70*	14.60*	19
20 LIMITED F/U HOSPITAL VISIT					20
21 INTERMED F/U HOSPITAL VISIT	19.60*	19.60*	19.60*	19.60*	21
22 EXTENDED F/U HOSPITAL VISIT					22
23 BRIEF EMERGENCY ROOM VISIT			16.70*	23.40*	23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT			23.40*	29.20*	25
26 LIMITED CONSULTATION	29.20*	29.20*	35.10*	48.70*	26
27 EXTENSIVE CONSULTATION			48.70*	58.50*	27
28 COMPREHENSIVE CONSULTATION			65.00	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR			30.00	48.70*	29
30 PSYCHOTHERAPY-HALF HOUR			35.00	35.00	30
31 CHIROPRACTIC OFFICE VISIT			9.90*	14.20*	31
32 INITIAL PHYSIOTHERAPY			19.60*	19.60*	32
33 F/U PODIATRIC OFFICE VISIT			9.70*	11.70*	33
34 ELECTROCARDIOGRAM (EKG)	25.00	29.20*	29.20*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	6.00	7.50	8.00	7.60	35
36 SPIROMETRY			30.00	38.80*	36
37 ELECTROENCEPHALOGRAM (EEG)			68.20*	68.20*	37
38 CHEMOTHERAPY					38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS			15.00	15.00	40
41 SKIN BIOPSY			29.20*	29.20*	41
42 CHEMOCAUTERY					42
43 RADICAL MASTECTOMY			709.40*	878.00*	43
44 OPEN REDUCTION OF FRACTURE					44
45 ARTHROCENTESIS-MAJOR JOINT			18.30*	20.25*	45
46 CORONARY ARTERY BYPASS				2900.00	46
47 TOTAL ARTIFICIAL HIP REPLACE			2000.00	2025.70*	47
48 NEEDLE PUNCTURE OF BURSA					48
49 BRONCHOSCOPY			175.30*	175.30*	49
50 THORACENTESIS			29.20*	32.90*	50
51 CATHERIZATION OF HEART					51
52 INSERTION OF PACEMAKER			974.50*	974.50*	52
53 PARTIAL COLECTOMY			851.20*	810.50*	53
54 APPENDECTOMY	474.10*	474.10*	454.00*	506.50*	54
55 SIGMOIDOSCOPY			29.20*	48.00	55

1983 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSISSIPPI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 1	AREA 2	
56 HEMORRHOIDECTOMY			225.00*	258.60*	56
57 CHOLECYSTECTOMY			682.00*	725.00	57
58 REPAIR HERNIA			389.80*	487.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	48.70*	48.70*	48.70*	48.70*	59
60 DILATION OF URETHRA			19.00	16.00	60
61 PROSTATECTOMY - SUPRAPUBIC			779.60*	779.60*	61
62 ELECTROSECTION-PROSTATE (TUR)			779.60*	779.60*	62
63 HYSTERECTOMY			876.90*	876.90*	63
64 INITIAL COMPLETE EYE EXAM			24.00	24.00	64
65 COMPREHENSIVE EYE EXAM					65
66 EYE EXAM WITH TONOMETRY					66
67 EXTRACTION OF LENS			779.60*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	19.60*	15.00	19.60*	19.60*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	35.00	29.20*	29.20*	69
70 X-RAY SPINE			48.70*	48.70*	70
71 X-RAY HIP			26.70*	26.70*	71
72 X-RAY UPPER GI TRACT	65.50		58.50*	58.50*	72
73 X-RAY COLON			58.50*	58.50*	73
74 RADIATION THERAPY-LOW VOLT			43.10*	38.70*	74
75 RADIATION THERAPY-SUPER VOLT					75
76 RADIATION THERAPY-MEGAVOLT					76
77 CAT SCAN - HEAD			325.00	255.90*	77
78 CAT SCAN - ABDOMEN			334.30*	260.10*	78
79 THREE CHEMISTRY TESTS					79
80 NINETEEN CHEMISTRY TESTS					80
81 CULTURE - OTHER THAN BLOOD			19.00	20.00	81
82 HEMOGLOBIN			5.00	5.00	82
83 AUTOMATED BLOOD COUNT					83
84 WHITE CELL COUNT			5.00	7.00	84
85 COMPLETE BLOOD COUNT (CBC)			12.00	15.00	85
86 CHOLESTEROL TEST			10.00	10.00	86
87 FLOCCULATION TEST			8.00	10.00	87
88 HEMATOCRIT			5.00	5.00	88
89 PLATELET COUNT (REES-ECKER)			8.00	10.00	89
90 POTASSIUM TEST - BLOOD			10.00	11.00	90
91 PROTHROMBIN TIME TEST			10.00	10.00	91
92 SEDIMENTATION RATE			8.00	10.00	92
93 BLOOD SUGAR			10.00	9.00	93
94 BUN-UREA - NITROGEN			9.00	10.00	94
95 URIC ACID			10.00	10.00	95
96 FECES-OCCULT BLOOD-SCREENING			5.00	5.00	96
97 PAP TEST			10.50	9.00	97
98 ROUTINE URINALYSIS			5.00	8.00	98
99 CHEMICAL URINALYSIS			5.00	6.00	99
100 PATHOLOGY - THREE SPECIMENS			25.00	20.00	100
101 ELEC MONITORING-PACEMAKER			30.00	35.60	101
102 DONOR NEPHRECTOMY-UNILATERAL			1040.00	810.50	102
103 KIDNEY TRANSPLANT			2201.55	2201.55	103
104 HOSPITAL BED - RENTAL			50.00		104
105 WALKER - RENTAL			30.00		105
106 WHEELCHAIR - RENTAL					106
107 LIQUID OXYGEN - RENTAL					107
108 HOSPITAL BED - PURCHASE			591.49		108
109 WALKER - PURCHASE			42.00		109
110 WHEELCHAIR - PURCHASE			304.50		110

MISSOURI

Seven Localities:

1,2,3 - General American Life

1,2,3 - General American Life

01, 02, 03, 06 - Blue Shield of Kansas City - Missouri

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA GENERAL AMERICAN LIFE INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3	
1 INITIAL BRIEF OFFICE VISIT				25.00	22.00	24.80*	1
2 INITIAL LIMITED OFFICE VISIT	21.00	20.00	16.00	46.00	46.00	25.00	2
3 INITIAL INTERMED OFFICE VISIT				46.00	46.00	25.00	3
4 INITIAL COMP OFFICE VISIT	10.00*	29.00*	25.00	75.00	60.40*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.20*	4.80*	4.50*	6.20*	3.00	3.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	12.60*	9.70*	17.50*	15.40*	13.20*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00*	14.20*	13.20*	18.40*	19.00	13.40*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	16.00	15.00	22.00	20.00	15.00	8
9 EXTENDED F/U OFFICE VISIT	16.00	17.00	15.00	22.00	20.00	18.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	25.00	25.00	55.00	39.00	20.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	19.60*	19.60*	19.20*	16.00	19.60*	11
12 LIMITED FOLLOWUP HOME VISIT				38.70*		39.90*	12
13 INTERMDIATE F/U HOME VISIT	20.00	19.60*	19.60*	19.20*	16.00	19.60*	13
14 EXTENDED CARE FACILITY VISIT				10.60*	15.20*	12.10*	14
15 BRIEF F/U NURSING HOME VISIT	13.60	12.60	9.70*	17.50*	15.40	13.20	15
16 INITIAL BRIEF HOSPITAL VISIT	40.10*	41.80*	41.90*	51.20*	56.10*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT				66.00	64.10*	53.60*	17
18 INITIAL COMP HOSPITAL VISIT	42.90*	40.00	50.00	80.00	58.00*	50.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	15.40*	12.40*	19.30*	15.40*	14.60*	19
20 LIMITED F/U HOSPITAL VISIT	20.00	19.70*	17.00	25.00	22.00	20.00	20
21 INTERMED F/U HOSPITAL VISIT	20.00	19.70*	17.00	25.00	22.00	20.00	21
22 EXTENDED F/U HOSPITAL VISIT				25.00	22.00	20.00	22
23 BRIEF EMERGENCY ROOM VISIT				25.00	19.60*	23.30*	23
24 LIMITED EMERGENCY ROOM VISIT				25.00	19.60*	23.30*	24
25 INTERMED EMERGENCY ROOM VISIT				25.00	19.60*	23.30*	25
26 LIMITED CONSULTATION	25.00*	26.30*	36.20*	58.00	50.00	43.30*	26
27 EXTENSIVE CONSULTATION				85.00	58.00*	63.00*	27
28 COMPREHENSIVE CONSULTATION				85.00	58.00*	63.00*	28
29 PSYCHOTHERAPY-ONE HOUR				80.00	60.00	80.00	29
30 PSYCHOTHERAPY-HALF HOUR				40.00	30.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT				13.80*	12.00	10.70*	31
32 INITIAL PHYSIOTHERAPY				26.90*			32
33 F/U PODIATRIC OFFICE VISIT				15.00	15.40*	20.00	33
34 ELECTROCARDIOGRAM (EKG)	29.30*	25.00	25.00	28.00	28.50	28.50*	34
35 EKG-INTERPRET AND REPORT ONLY				7.00	7.50	9.00	35
36 SPIROMETRY				30.00	20.00*	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)				75.00	59.10*		37
38 CHEMOTHERAPY				21.30*	20.25*	20.10*	38
39 COLLECTION OF SPECIMENS				3.00	6.00	9.00	39
40 DEBRIDEMENT OF NAILS				15.10*		15.10*	40
41 SKIN BIOPSY				48.70*	29.30*	53.20*	41
42 CHEMOCAUTERY				25.00	25.00	25.00	42
43 RADICAL MASTECTOMY				800.00	800.00	783.90*	43
44 OPEN REDUCTION OF FRACTURE				969.80*	944.20*	1069.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00*	25.00*	15.00	26.60*	27.90*	22.70*	45
46 CORONARY ARTERY BYPASS				3040.00	2330.20*		46
47 TOTAL ARTIFICIAL HIP REPLACE				1060.30*		850.20*	47
48 NEEDLE PUNCTURE OF BURSA				18.00	12.50*	18.00	48
49 BRONCHOSCOPY				146.20*	194.90*	146.20*	49
50 THORACENTESIS				65.50*	48.70*	51.90*	50
51 CATHERIZATION OF HEART				565.10*	450.00	650.00	51
52 INSERTION OF PACEMAKER				850.00	682.10*	850.00	52
53 PARTIAL COLECTOMY				996.80*	885.80*	828.50*	53
54 APPENDECTOMY	450.00*	450.00*	450.00*	500.00	450.00*	513.00	54
55 SIGMOIDOSCOPY				48.70*	40.00	40.50*	55

1983 PREVAILING CHARGE SUMMARY DATA GENERAL AMERICAN LIFE INSURANCE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 1	AREA 2	AREA 3	
56 HEMORRHOIDECTOMY				389.90*	365.40*	243.70*	56
57 CHOLECYSTECTOMY				798.40*	678.20*	658.10*	57
58 REPAIR HERNIA				487.60*	411.70*	418.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	40.50*		55.00	59.70*	64.30*	53.40*	59
60 DILATION OF URETHRA				25.00	19.60*	18.00	60
61 PROSTATECTOMY - SUPRAPUBIC				975.00	779.80*	916.20*	61
62 ELECTROSECTION-PROSTATE (TUR)			565.80*	877.10*	779.80*	839.90*	62
63 HYSTERECTOMY				948.60*	731.10*	701.70*	63
64 INITIAL COMPLETE EYE EXAM				31.00*	27.00	24.50*	64
65 COMPREHENSIVE EYE EXAM				31.00*	27.00	24.50*	65
66 EYE EXAM WITH TONOMETRY				31.00*	27.00	24.50*	66
67 EXTRACTION OF LENS		1064.70*		991.50*	820.60*	839.90*	67
68 CHEST X-RAY - SINGLE VIEW	29.30*	19.60*	22.60*	29.30*	17.50	23.50*	68
69 CHEST X-RAY - TWO VIEWS	43.30*	30.00	32.00	39.50*	28.00	23.50*	69
70 X-RAY SPINE				46.30*	35.10*		70
71 X-RAY HIP				38.90*	35.10*		71
72 X-RAY UPPER GI TRACT	62.00	58.50*	60.50*	85.40*	58.50*		72
73 X-RAY COLON				75.80*	51.90*		73
74 RADIATION THERAPY-LOW VOLT				27.80*	24.10*		74
75 RADIATION THERAPY-SUPER VOLT				27.80*	24.10*		75
76 RADIATION THERAPY-MEGAVOLT				27.80*	24.10*		76
77 CAT SCAN - HEAD				65.00 P		65.00 P	77
78 CAT SCAN - ABDOMEN				68.30*P	79.60*P	90.90*P	78
79 THREE CHEMISTRY TESTS				18.00	30.00	33.00	79
80 NINETEEN CHEMISTRY TESTS				30.00	25.00	30.00	80
81 CULTURE - OTHER THAN BLOOD				17.10	21.00	8.00	81
82 HEMOGLOBIN				2.00L	3.00L	2.00L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				2.00L	2.50L	2.50L	84
85 COMPLETE BLOOD COUNT (CBC)				6.00L	7.30L	6.00L	85
86 CHOLESTEROL TEST				5.00L	6.00L	5.00L	86
87 FLOCCULATION TEST				7.50	8.00	8.00	87
88 HEMATOCRIT				2.00L	2.50L	2.50L	88
89 PLATELET COUNT (REES-ECKER)				10.00	7.00	8.00	89
90 POTASSIUM TEST - BLOOD				8.00	10.00	10.50	90
91 PROTHROMBIN TIME TEST				4.00L	5.00L	4.00L	91
92 SEDIMENTATION RATE				5.00L	4.00L	8.00	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				5.00L	6.00L	5.00L	94
95 URIC ACID				5.00L	7.50L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	6.00	5.00	96
97 PAP TEST				6.00L	6.00L	7.00L	97
98 ROUTINE URINALYSIS				3.00L	3.00L	3.00L	98
99 CHEMICAL URINALYSIS				3.00	3.50	3.00	99
100 PATHOLOGY - THREE SPECIMENS				25.00	26.00	25.00	100
101 ELEC MONITORING-PACEMAKER							101
102 DONOR NEPHRECTOMY-UNILATERAL				1000.00	809.00*	893.60*	102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL							104
105 WALKER - RENTAL							105
106 WHEELCHAIR - RENTAL							106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE							108
109 WALKER - PURCHASE							109
110 WHEELCHAIR - PURCHASE							110

1983 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY, MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 06	AREA 01	AREA 02	AREA 03	AREA 06	
1 INITIAL BRIEF OFFICE VISIT					13.60*	19.60*	19.60*	19.60*	1
2 INITIAL LIMITEO OFFICE VISIT	13.60*	11.70*	15.40*	9.75*	13.60*	19.60*	19.60*	19.60*	2
3 INITIAL INTERMED OFFICE VISIT					15.00	22.00	25.00	14.00	3
4 INITIAL COMP OFFICE VISIT	25.00	39.00*	60.00	25.00	35.90	40.00	65.00	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.50	6.00	4.00*	8.00	3.00	9.75*	9.70*	2.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	15.40*	9.75*	13.60*	19.60*	19.60*	19.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	11.70*	15.40*	9.75*	13.60*	19.60*	19.60*	19.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	17.00	15.00	20.00	14.00	15.00	22.00	25.00	14.00	8
9 EXTENDEO F/U OFFICE VISIT	20.00	25.00	25.00	11.70*	31.10*	31.20*	29.20*	15.00	9
10 COMP FOLLOWUP OFFICE VISIT	27.50	39.00*	35.00	27.00	48.70*	48.70*	58.50*	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	19.60*	18.00	15.00	20.00	19.60*	18.00	15.00	11
12 LIMITED FOLLOWUP HOME VISIT					20.00	19.60*	18.00	15.00	12
13 INTERMDIATE F/U HOME VISIT	20.00	23.40*	20.00	20.00	20.00	23.40*	20.00	20.00	13
14 EXTENOE CARE FACILITY VISIT					15.40*	25.00	25.00	14.60*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	11.70*	15.00*	9.70*	13.60*	19.60*	19.60*	16.00*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	29.20*	65.00	45.00	30.75	48.70*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					68.20*	68.20*	75.00	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	68.20*	42.00	68.20*	68.20*	75.00	48.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	17.50*	19.60*	13.60*	19.60*	23.40*	19.60*	19.60*	19
20 LIMITED F/U HOSPITAL VISIT	19.60*	17.50*	19.60*	13.60*	19.60*	23.40*	19.60*	19.60*	20
21 INTERMED F/U HOSPITAL VISIT	17.00	15.60*	22.00	15.00	23.40*	23.40*	23.20*	22.00	21
22 EXTENDED F/U HOSPITAL VISIT					18.00	48.10*	35.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					29.20*	29.20*	29.20*	29.20*	23
24 LIMITEO EMERGENCY ROOM VISIT					29.20*	29.20*	29.20*	29.20*	24
25 INTERMED EMERGENCY ROOM VISIT					29.20*	29.20*	29.20*	29.20*	25
26 LIMITED CONSULTATION	46.30*	40.00	58.50*	48.70*	48.70*	68.20*	68.20*	60.00	26
27 EXTENSIVE CONSULTATION					68.20*	85.00	90.00	80.00	27
28 COMPREHENSIVE CONSULTATION					68.20*	85.00	90.00	80.00	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	62.00*	74.56	77.00	29
30 PSYCHOTHERAPY-HALF HOUR					30.00	31.00*	37.28	38.50	30
31 CHIROPRACTIC OFFICE VISIT				12.00	10.70*	12.30*	12.30*	10.70*	31
32 INITIAL PHYSIOTHERAPY					15.00		10.00	13.60*	32
33 F/U PODIATRIC OFFICE VISIT					11.70*	11.70*	9.70*	9.75*	33
34 ELECTROCAROIOGRAM (EKG)	33.00	31.00	30.00	24.00	33.00	31.00	30.00	24.00	34
35 EKG-INTERPRET AND REPORT ONLY		11.00*	9.70*	9.75*	9.70*		10.00	13.00	35
36 SPIROMETRY						40.00	40.00		36
37 ELECTROENCEPHALOGRAM (EEG)							100.00		37
38 CHEMOTHERAPY					21.20*	48.40*	47.60*	44.70*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 OEBRIOEMENT OF NAILS					15.20*	17.70*	16.70*	15.00	40
41 SKIN BIOPSY					50.00	50.00	50.00	50.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					876.90*	974.50*	974.50*	994.00*	43
44 OPEN REOUCTION OF FRACTURE					876.90*	974.50*	974.50*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	25.00	26.00	15.00	16.00	12.00	22.20*	16.00	45
46 CORONARY ARTERY BYPASS							2810.00		46
47 TOTAL ARTIFICIAL HIP REPLACE					1948.60*	1949.00*	1948.60*	1949.00*	47
48 NEEOLE PUNCTURE OF BURSA					25.00	25.00	25.00	25.00	48
49 BRONCHOSCOPY					146.20*		243.60*	146.20*	49
50 THORACENTESIS					68.20*	46.50*	36.00	68.20*	50
51 CATHERIZATION OF HEART							650.00*		51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1003.50*	1000.00	1003.50*	974.50*	53
54 APPENDECTOMY	529.70*		520.00	487.25*	506.70*	506.70*	520.00	506.70*	54
55 SIGMOIOOSCOPY					38.90*	29.20*	48.70*	29.20*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF KANSAS CITY,MISSOURI
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MISSOURI
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 01	AREA 02	AREA 03	AREA 06	AREA 01	AREA 02	AREA 03	AREA 06	
56 HEMORRHOIDECTOMY					409.30*	409.30*	438.50*	409.30*	56
57 CHOLECYSTECTOMY					682.00*	779.60*	828.25*	750.00	57
58 REPAIR HERNIA					487.10*	475.00	487.10*	341.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				97.45*	97.30*	97.45*	97.30*	97.45*	59
60 DILATION OF URETHRA					20.00	16.00	20.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC					974.50*	974.50*	1042.60*		61
62 ELECTROSECTION-PROSTATE (TUR)		1043.00*		877.05*	876.90*	877.05*	935.40*	877.05*	62
63 HYSTERECTOMY					876.90*	925.00*	860.00	808.80*	63
64 INITIAL COMPLETE EYE EXAM					31.10*	27.30*	38.90*	20.00	64
65 COMPREHENSIVE EYE EXAM					31.10*	27.30*	38.90*	20.00	65
66 EYE EXAM WITH TONOMETRY					7.70*	7.70*	7.70*	7.80*	66
67 EXTRACTION OF LENS					876.90*	876.90*	876.90*	877.05*	67
68 CHEST X-RAY - SINGLE VIEW	26.00	29.20*	29.20*	20.00	19.60*	27.10*	19.60*	30.90*	68
69 CHEST X-RAY - TWO VIEWS	35.00	29.20*	35.00	30.00	29.20*	29.20*	29.20*	31.40*	69
70 X-RAY SPINE					68.20*	68.20*	68.20*		70
71 X-RAY HIP					32.40	32.40	32.40	32.40	71
72 X-RAY UPPER GI TRACT		63.40*	58.50*	63.40*	54.50*	54.50*	54.50*	74.10*	72
73 X-RAY COLON					54.50*	54.50*	54.50*		73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					88.00	88.00	79.60*		77
78 CAT SCAN - ABDOMEN					105.00	105.00	85.00		78
79 THREE CHEMISTRY TESTS					16.75	31.00	25.00	20.00	79
80 NINETEEN CHEMISTRY TESTS					35.00	25.00	29.00	26.00	80
81 CULTURE - OTHER THAN BLOOD					18.00	15.00	18.00	18.00	81
82 HEMOGLOBIN					3.50L	4.00L	4.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					11.00L	7.00L	8.00L	8.00L	83
84 WHITE CELL COUNT					3.75L	4.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					11.00L	7.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST					5.50L	7.00L	5.00L	6.00L	86
87 FLOCCULATION TEST					6.00	6.00	6.00	6.00	87
88 HEMATOCRIT					3.50L	5.00L	3.50L	2.00L	88
89 PLATELET COUNT (REES-ECKER)					9.00	8.00	12.00	9.00	89
90 POTASSIUM TEST - BLOOD					12.25	9.00	9.15	10.00	90
91 PROTHROMBIN TIME TEST					5.50L	4.50L	5.00L	5.50L	91
92 SEDIMENTATION RATE					5.50L	6.00L	5.50L	5.00L	92
93 BLOOD SUGAR					6.50L	6.00L	5.50L	5.50L	93
94 BUN-UREA - NITROGEN					5.50L	6.00L	6.00L	6.00L	94
95 URIC ACID					5.50L	7.00L	7.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					7.50	4.00	6.50	4.50	96
97 PAP TEST					8.25L	6.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	3.50L	98
99 CHEMICAL URINALYSIS					5.00L	5.00L	5.00L	3.50L	99
100 PATHOLOGY - THREE SPECIMENS							24.50	33.75	100
101 ELEC MONITORING-PACEMAKER							25.00	25.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					1000.00	1000.00	1000.00	1000.00	102
103 KIDNEY TRANSPLANT					1325.60	1325.60	1325.60	1325.60	103
104 HOSPITAL BED - RENTAL					55.00L	50.00L	56.87L	55.00L	104
105 WALKER - RENTAL					24.00	15.00	24.00	13.75	105
106 WHEELCHAIR - RENTAL					20.83L	20.00L	28.50L	26.16L	106
107 LIQUID OXYGEN - RENTAL						60.00	60.00		107
108 HOSPITAL BED - PURCHASE					472.50	472.50	472.50	472.50	108
109 WALKER - PURCHASE					59.58	57.45	54.95	63.68	109
110 WHEELCHAIR - PURCHASE					207.99L	239.00L	211.50L	245.36L	110

MONTANA

MONTANA



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MONTANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	MT	MT	
1 INITIAL BRIEF OFFICE VISIT		23.40*	1
2 INITIAL LIMITED OFFICE VISIT	21.50	35.10*	2
3 INITIAL INTERMED OFFICE VISIT		60.48*	3
4 INITIAL COMP OFFICE VISIT	58.50*	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.00*	11.00*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	13.90*	6
7 LIMITED FOLLOWUP OFFICE VISIT	16.00	19.30*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	19.50*	8
9 EXTENDED F/U OFFICE VISIT	34.30*	35.10*	9
10 COMP FOLLOWUP OFFICE VISIT	46.80*	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*		11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT	46.80*		13
14 EXTENDED CARE FACILITY VISIT		13.90*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	13.90*	15
16 INITIAL BRIEF HOSPITAL VISIT	35.10*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT		58.50*	17
18 INITIAL COMP HOSPITAL VISIT	58.50*	81.80*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	13.90*	19
20 LIMITED F/U HOSPITAL VISIT	19.10*	23.40*	20
21 INTERMED F/U HOSPITAL VISIT	28.00	35.00	21
22 EXTENDED F/U HOSPITAL VISIT		45.00	22
23 BRIEF EMERGENCY ROOM VISIT		21.80*	23
24 LIMITED EMERGENCY ROOM VISIT		34.20*	24
25 INTERMED EMERGENCY ROOM VISIT		51.10*	25
26 LIMITED CONSULTATION	38.10*	37.90*	26
27 EXTENSIVE CONSULTATION		57.20*	27
28 COMPREHENSIVE CONSULTATION		75.60*	28
29 PSYCHOTHERAPY-ONE HOUR		60.40*	29
30 PSYCHOTHERAPY-HALF HOUR		35.00	30
31 CHIROPRACTIC OFFICE VISIT		14.50	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		15.00	33
34 ELECTROCARDIOGRAM (EKG)	33.00*	34.30*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00*	15.00*	35
36 SPIROMETRY		20.25	36
37 ELECTROENCEPHALOGRAM (EEG)		72.50	37
38 CHEMOTHERAPY		13.30*	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		14.50	40
41 SKIN BIOPSY		29.30	41
42 CHEMOCAUTERY		12.70	42
43 RADICAL MASTECTOMY		818.50*	43
44 OPEN REDUCTION OF FRACTURE		1073.90*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.30*	27.70*	45
46 CORONARY ARTERY BYPASS		3589.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1953.20*	47
48 NEEDLE PUNCTURE OF BURSA		19.30*	48
49 BRONCHOSCOPY		194.90*	49
50 THORACENTESIS		35.70*	50
51 CATHERIZATION OF HEART		551.80*	51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY		924.20*	53
54 APPENDECTOMY	389.80	462.80*	54
55 SIGMOIDOSCOPY		31.00*	55

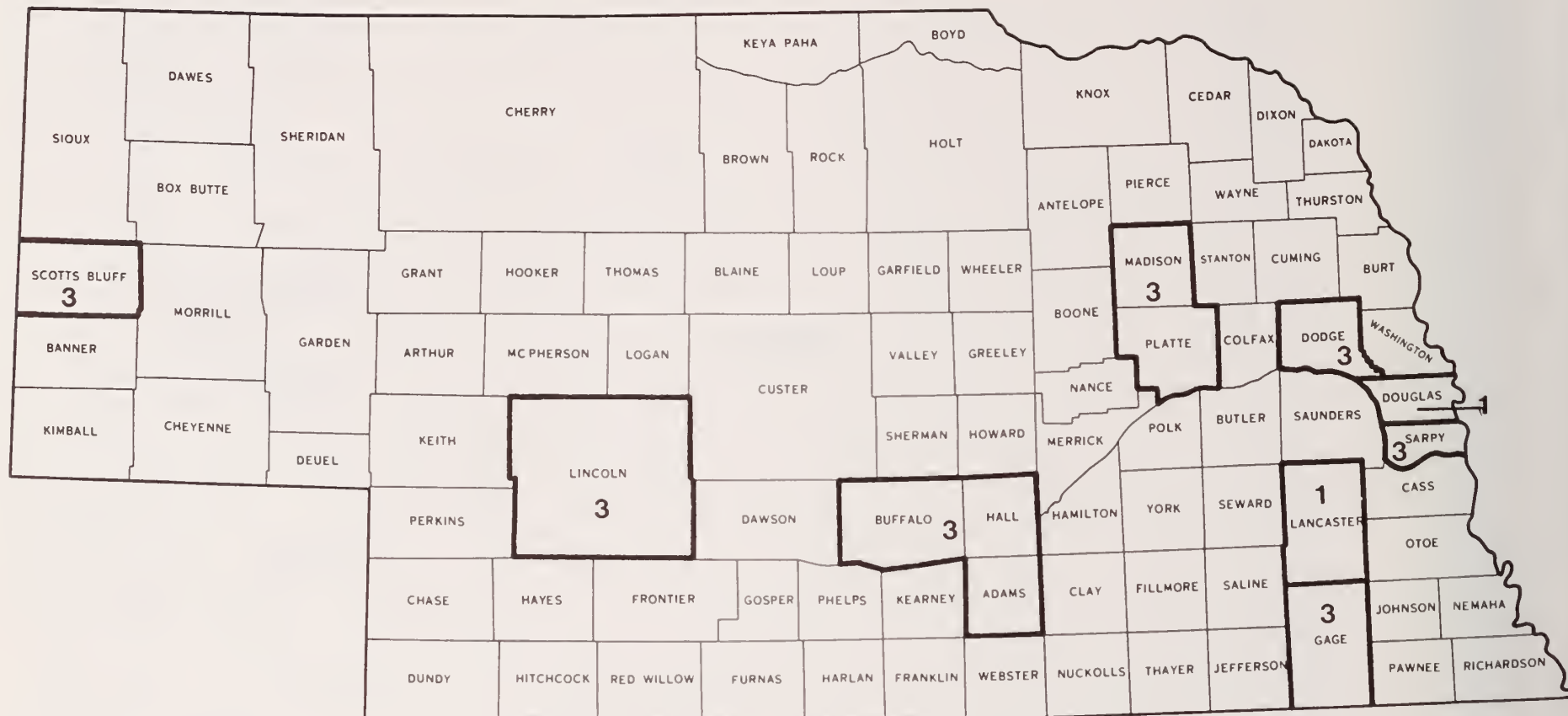
1983 PREVAILING CHARGE SUMMARY DATA MONTANA PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

MONTANA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	MT	MT	
56 HEMORRHOIDECTOMY		350.80*	56
57 CHOLECYSTECTOMY		706.40*	57
58 REPAIR HERNIA		438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	61.00*	58.50	59
60 DILATION OF URETHRA		20.25	60
61 PROSTATECTOMY - SUPRAPUBIC		896.50*	61
62 ELECTROSECTION-PROSTATE (TUR)		896.50*	62
63 HYSTERECTOMY		869.80*	63
64 INITIAL COMPLETE EYE EXAM		29.40*	64
65 COMPREHENSIVE EYE EXAM		31.60	65
66 EYE EXAM WITH TONOMETRY		11.70*	66
67 EXTRACTION OF LENS		896.50*	67
68 CHEST X-RAY - SINGLE VIEW	23.50*	29.00	68
69 CHEST X-RAY - TWO VIEWS	35.10*	35.10*	69
70 X-RAY SPINE		76.10*	70
71 X-RAY HIP		35.10*	71
72 X-RAY UPPER GI TRACT	81.80*	81.80*	72
73 X-RAY COLON		70.20*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT		42.00*	75
76 RADIATION THERAPY-MEGAVOLT		44.00*	76
77 CAT SCAN - HEAD		105.00 P	77
78 CAT SCAN - ABDOMEN		34.40*P	78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS		32.50	80
81 CULTURE - OTHER THAN BLOOD		9.80L	81
82 HEMOGLOBIN		4.00L	82
83 AUTOMATED BLOOD COUNT		12.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		12.00L	85
86 CHOLESTEROL TEST		8.40L	86
87 FLOCCULATION TEST		6.60	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		9.50	89
90 POTASSIUM TEST - BLOOD		12.00	90
91 PROTHROMBIN TIME TEST		9.00	91
92 SEDIMENTATION RATE		6.00L	92
93 BLOOD SUGAR		8.00L	93
94 BUN-UREA - NITROGEN		9.00L	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		6.50	96
97 PAP TEST		8.50L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		35.00L	100
101 ELEC MONITORING-PACEMAKER		16.10*	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		50.00L	104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		30.00	106
107 LIQUID OXYGEN - RENTAL		120.00	107
108 HOSPITAL BED - PURCHASE		675.00	108
109 WALKER - PURCHASE		55.00	109
110 WHEELCHAIR - PURCHASE		269.00L	110

NEBRASKA

NEBRASKA



Three Localities:

- 1 - Douglas and Lancaster Counties
- 3 - Counties over 25,000 population - Adams, Buffalo, Dodge, Gage, Hall, Lincoln, Madison, Platte, Sarpy, Scotts Bluff
- 4 - Remaining 81 counties under 25,000 population

1983 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEBRASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 3	AREA 4	AREA 1	AREA 3	AREA 4	
1 INITIAL BRIEF OFFICE VISIT				15.40*	11.70*	9.70*	1
2 INITIAL LIMITED OFFICE VISIT	15.00	14.60*	14.00	17.50*	16.00	14.00	2
3 INITIAL INTERMED OFFICE VISIT				17.50*	16.00	14.00	3
4 INITIAL COMP OFFICE VISIT	40.00	40.00	30.00	65.50	58.50*	30.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	11.70*	11.70*	9.70*	15.40*	11.70*	9.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	11.70*	9.70*	15.40*	11.70*	9.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.00	14.60*	14.00	17.50*	16.00	14.00	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00	14.60*	14.00	17.50*	16.00	14.00	8
9 EXTENDED F/U OFFICE VISIT	15.00	15.00	14.00	19.60*	19.60*	12.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	40.00	30.00	65.50	58.50*	30.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.60*	19.60*	25.00	19.60*	19.60*	11
12 LIMITED FOLLOWUP HOME VISIT				25.00	19.60*	19.60*	12
13 INTERMDIATE F/U HOME VISIT	20.00	18.00	20.00	20.00	20.50	20.50	13
14 EXTENDED CARE FACILITY VISIT				19.60*	12.00	17.10*	14
15 BRIEF F/U NURSING HOME VISIT	15.40*	15.00	15.00	15.40*	15.40*	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	38.90*	38.90*	29.30*	58.50*	38.90*	29.30*	16
17 INIT INTERMED HOSPITAL VISIT				58.50*	38.90*	29.30*	17
18 INITIAL COMP HOSPITAL VISIT	60.00	60.00	45.00	78.10*	70.00	60.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	11.70*	11.70*	16.70*	13.60*	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	13.60*	11.70*	11.70*	16.70*	13.60*	11.70*	20
21 INTERMED F/U HOSPITAL VISIT	17.00	15.00	18.00	19.60*	18.00	18.00	21
22 EXTENDED F/U HOSPITAL VISIT				29.30*	30.00	28.00	22
23 BRIEF EMERGENCY ROOM VISIT				29.30*	20.00	19.60*	23
24 LIMITED EMERGENCY ROOM VISIT				29.30*	20.00	19.60*	24
25 INTERMED EMERGENCY ROOM VISIT				35.00	30.00	35.00	25
26 LIMITED CONSULTATION	29.30*	29.30*	29.30*	29.30*	30.00*	40.00*	26
27 EXTENSIVE CONSULTATION				48.70*	48.70*	46.30*	27
28 COMPREHENSIVE CONSULTATION				78.10*	65.00	81.00*	28
29 PSYCHOTHERAPY-ONE HOUR				60.00	68.20*	60.00	29
30 PSYCHOTHERAPY-HALF HOUR				60.00	68.20*	60.00	30
31 CHIROPRACTIC OFFICE VISIT	9.70*	9.70*	8.00	10.50*	13.50*	11.40*	31
32 INITIAL PHYSIOTHERAPY				11.70*	9.50*	9.50*	32
33 F/U PODIATRIC OFFICE VISIT				17.50*	15.00	14.00	33
34 ELECTROCARDIOGRAM (EKG)	29.30*	28.00	29.30*	29.30*	25.00	29.30*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	10.00 P	9.00 P	14.60*P	14.60*P	9.00 P	35
36 SPIROMETRY				26.00	15.00	26.00	36
37 ELECTROENCEPHALOGRAM (EEG)				75.00	50.00	75.00	37
38 CHEMOTHERAPY				63.70*	50.70*	54.50*	38
39 COLLECTION OF SPECIMENS				9.70	8.00	5.50	39
40 DEBRIDEMENT OF NAILS				13.00	14.00	15.40*	40
41 SKIN BIOPSY				38.90*	29.30*	26.50	41
42 CHEMOCAUTERY				19.60*	19.60*	19.60*	42
43 RADICAL MASTECTOMY				735.60*	650.00	717.30*	43
44 OPEN REDUCTION OF FRACTURE				935.80*	857.75*	779.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	19.60*	19.60*	19.60*	19.60*	19.60*	19.60*	45
46 CORONARY ARTERY BYPASS				2288.40*	2590.50*	2507.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE				1547.40*	1650.60*	1463.80*	47
48 NEEDLE PUNCTURE OF BURSA				19.60*	19.60*	19.60*	48
49 BRONCHOSCOPY				194.90*	194.90*	194.90*	49
50 THORACENTESIS				48.70*	48.70*	48.70*	50
51 CATHERIZATION OF HEART				500.00	500.00	500.00	51
52 INSERTION OF PACEMAKER				974.70*	960.00	974.70*	52
53 PARTIAL COLECTOMY				974.70*	779.80*	960.00	53
54 APPENDECTOMY				428.80*	420.00	428.80*	54
55 SIGMOIDOSCOPY				29.30*	29.30*	29.30*	55

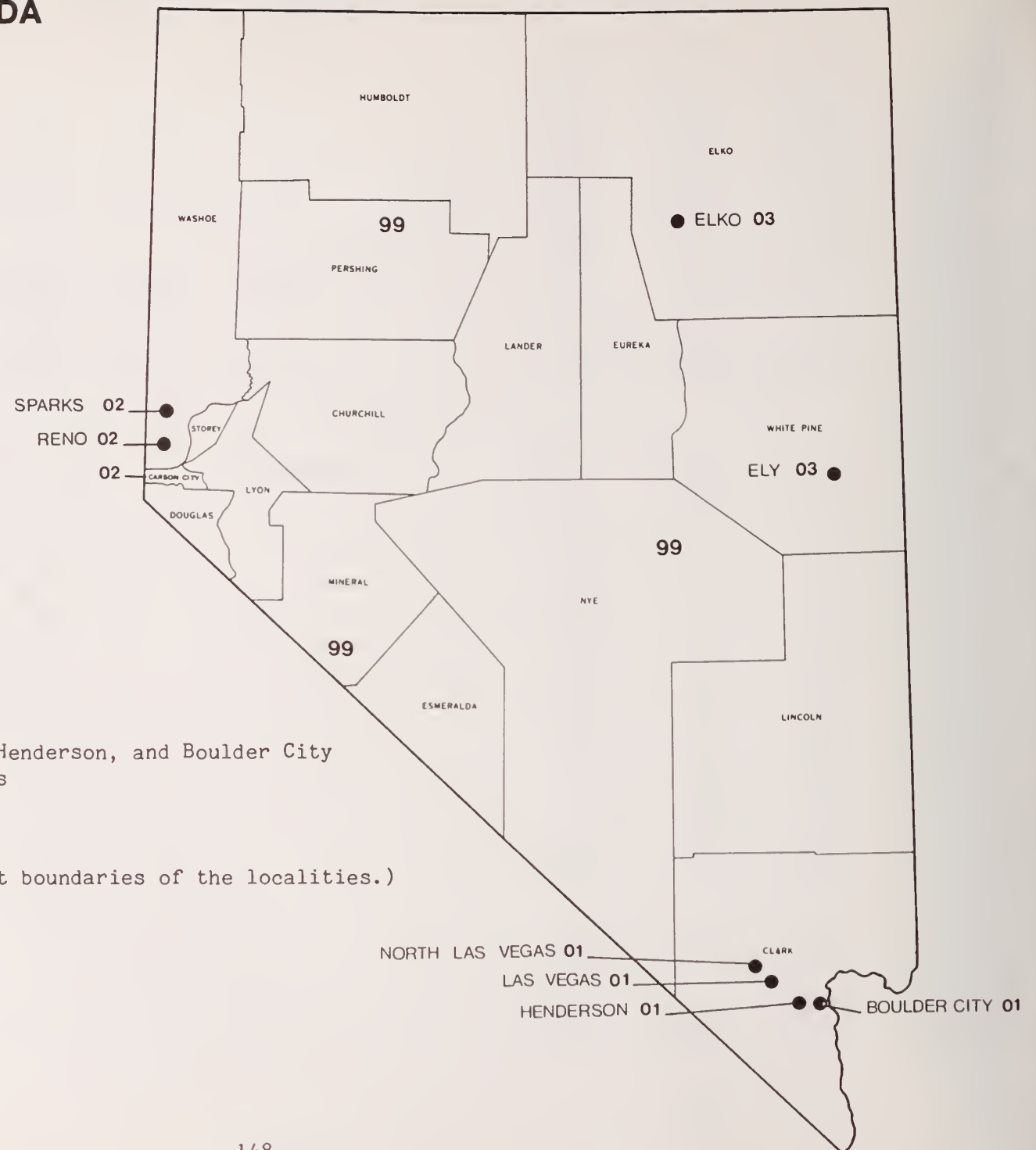
1983 PREVAILING CHARGE SUMMARY DATA MUTUAL OF OMAHA INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEBRASKA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 3	AREA 4	AREA 1	AREA 3	AREA 4	
56 HEMORRHOIDECTOMY				351.00*	350.00	351.00*	56
57 CHOLECYSTECTOMY				701.70*	584.80*	584.80*	57
58 REPAIR HERNIA				467.90*	389.90*	389.90*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	58.50*	58.50*	58.50*	65.00	58.50*	59
60 DILATION OF URETHRA				19.60*	19.00	22.00	60
61 PROSTATECTOMY - SUPRAPUBIC				857.75*	857.75*	857.75*	61
62 ELECTROSECTION-PROSTATE (TUR)	779.80*	779.80*	779.80*	779.80*	779.80*	725.40*	62
63 HYSTERECTOMY				877.10*	682.10*	779.80*	63
64 INITIAL COMPLETE EYE EXAM				29.30*	29.30*	35.00	64
65 COMPREHENSIVE EYE EXAM				35.00	34.30*	39.00	65
66 EYE EXAM WITH TONOMETRY				15.00	11.00	12.10*	66
67 EXTRACTION OF LENS	682.10*	682.10*	649.25*	682.10*	731.10*	850.00	67
68 CHEST X-RAY - SINGLE VIEW	24.50*	24.50*	24.50*	12.00	10.50*	12.40*	68
69 CHEST X-RAY - TWO VIEWS	29.30*	29.30*	29.30*	38.90*	34.10*	34.10*	69
70 X-RAY SPINE				14.00	17.10*	17.90*	70
71 X-RAY HIP				40.80*	40.10*	52.00	71
72 X-RAY UPPER GI TRACT	68.20*	78.60*	68.20*	87.50*	88.30*	114.00	72
73 X-RAY COLON				78.10*	74.25*	94.00	73
74 RADIATION THERAPY-LOW VOLT							74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				340.00	340.00	340.00	77
78 CAT SCAN - ABDOMEN				367.00	108.00*	367.00	78
79 THREE CHEMISTRY TESTS				27.50	28.60	36.50	79
80 NINETEEN CHEMISTRY TESTS				25.10	35.00	31.00	80
81 CULTURE - OTHER THAN BLOOD				15.00	13.00	7.50	81
82 HEMOGLOBIN				3.90L	5.00L	3.50L	82
83 AUTOMATED BLOOD COUNT				15.60	11.70	13.00	83
84 WHITE CELL COUNT				4.00L	5.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				10.50L	10.00L	10.00L	85
86 CHOLESTEROL TEST				8.00L	8.00L	6.50L	86
87 FLOCCULATION TEST				6.90	8.10	5.00	87
88 HEMATOCRIT				3.90L	4.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				8.50	10.00	8.00	89
90 POTASSIUM TEST - BLOOD				10.50	10.00	10.75	90
91 PROTHROMBIN TIME TEST				8.00L	8.50L	7.50L	91
92 SEDIMENTATION RATE				5.00L	5.00L	5.00L	92
93 BLOOD SUGAR				8.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN				8.50L	9.00	8.00L	94
95 URIC ACID				6.50L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING				4.10	4.00	5.00	96
97 PAP TEST				7.50L	8.00L	7.00L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	4.00L	98
99 CHEMICAL URINALYSIS				5.00L	5.00L	4.00L	99
100 PATHOLOGY - THREE SPECIMENS				22.40	25.00	22.90	100
101 ELEC MONITORING-PACEMAKER				33.00	27.50	33.00	101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				41.80L	40.00L	40.00L	104
105 WALKER - RENTAL				10.00	11.50	10.00	105
106 WHEELCHAIR - RENTAL				18.00L	25.79L	19.76L	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE				525.00L	525.00L	525.00L	108
109 WALKER - PURCHASE				51.00	57.50	57.50	109
110 WHEELCHAIR - PURCHASE				228.00L	244.80L	290.00L	110

NEVADA

NEVADA



Four Localities:

- 01 - Las Vegas, North Las Vegas, Henderson, and Boulder City
- 02 - Reno, Carson City, and Sparks
- 03 - Elko and Ely
- 99 - Rest of State

(The city boundaries are the exact boundaries of the localities.)

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEVADA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
1 INITIAL BRIEF OFFICE VISIT				29.10*	35.00	31.20*	1
2 INITIAL LIMITED OFFICE VISIT	35.00	39.00		50.00	50.00		2
3 INITIAL INTERMED OFFICE VISIT				60.00	50.00		3
4 INITIAL COMP OFFICE VISIT	55.00	60.00	55.00	107.30*	93.60*	78.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.80*	9.80*	9.80*	9.80*	11.75*	11.75*	5
6 BRIEF FOLLOWUP OFFICE VISIT	19.50*	15.60*	14.60*	19.50*	23.40*	16.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	25.00	20.00	19.50*	29.10*	25.00	27.90*	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	25.00	29.10*	30.00	25.00	30.00	8
9 EXTENDED F/U OFFICE VISIT	35.00	35.00	35.00	35.00	27.50	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	56.00	62.30*	56.00	63.30*	60.00	63.30*	10
11 BRIEF FOLLOWUP HOME VISIT	48.70*	29.10*		35.70*	29.00		11
12 LIMITED FOLLOWUP HOME VISIT				37.00	45.00		12
13 INTERMDIATE F/U HOME VISIT	35.00	39.00*					13
14 EXTENDED CARE FACILITY VISIT				27.00	25.00	15.60*	14
15 BRIEF F/U NURSING HOME VISIT	23.40*	25.00	16.60*				15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	48.70*	48.70*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT				85.00	65.00	68.20*	17
18 INITIAL COMP HOSPITAL VISIT	100.00	85.00	100.00	117.00*	90.00		18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	18.60*	29.10*	23.40*	16.50*	19
20 LIMITED F/U HOSPITAL VISIT	25.00	19.50*	25.00	42.00	29.10*	20.00*	20
21 INTERMED F/U HOSPITAL VISIT	29.40*	28.20*	29.40*	34.10*	32.50	24.80*	21
22 EXTENDED F/U HOSPITAL VISIT				30.00*	43.50	30.00*	22
23 BRIEF EMERGENCY ROOM VISIT				50.00	30.20*	34.00*	23
24 LIMITED EMERGENCY ROOM VISIT				75.00	50.00	39.80*	24
25 INTERMED EMERGENCY ROOM VISIT				83.50*	35.00		25
26 LIMITED CONSULTATION	48.70*	45.00		48.70*	48.70*	48.70*	26
27 EXTENSIVE CONSULTATION				75.00	60.00	68.20*	27
28 COMPREHENSIVE CONSULTATION				117.00*	97.60*		28
29 PSYCHOTHERAPY-ONE HOUR				98.50*	83.80*		29
30 PSYCHOTHERAPY-HALF HOUR				50.00	34.70*		30
31 CHIROPRACTIC OFFICE VISIT		20.00		17.30*	17.30*	17.30*	31
32 INITIAL PHYSIOTHERAPY				27.70*			32
33 F/U PODIATRIC OFFICE VISIT				25.00	19.50*		33
34 ELECTROCARDIOGRAM (EKG)	40.00	45.00	43.00	39.00*	37.00	39.00*	34
35 EKG-INTERPRET AND REPORT ONLY		19.50*		15.00*	26.50*	19.50*	35
36 SPIROMETRY				46.70*	46.70*		36
37 ELECTROENCEPHALOGRAM (EEG)				97.60*	97.60*		37
38 CHEMOTHERAPY				35.00	20.00		38
39 COLLECTION OF SPECIMENS							39
40 DEBRIDEMENT OF NAILS				20.00			40
41 SKIN BIOPSY				45.00	47.00	39.00*	41
42 CHEMOCAUTERY				19.50*	19.50*	19.50*	42
43 RADICAL MASTECTOMY							43
44 OPEN REDUCTION OF FRACTURE				1948.70*	1247.20*		44
45 ARTHROCENTESIS-MAJOR JOINT	40.00	40.00	40.00	29.10*	35.00		45
46 CORONARY ARTERY BYPASS							46
47 TOTAL ARTIFICIAL HIP REPLACE				2436.00*	2338.40*	2436.00*	47
48 NEEDLE PUNCTURE OF BURSA				29.10*	35.00	31.20*	48
49 BRONCHOSCOPY				245.60*	233.80*	263.10*	49
50 THORACENTESIS				68.20*	68.20*		50
51 CATHERIZATION OF HEART				600.00	406.80*		51
52 INSERTION OF PACEMAKER				1000.00	1100.00		52
53 PARTIAL COLECTOMY				1403.00*	1403.00*	1247.20*	53
54 APPENDECTOMY				654.70*	701.60*	593.40*	54
55 SIGMOIDOSCOPY				50.00	48.70*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEVADA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
56 HEMORRHOIDECTOMY				536.00*	491.20*		56
57 CHOLECYSTECTOMY				1071.80*	1009.00	935.40*	57
58 REPAIR HERNIA				682.10*	623.60*	545.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				81.90*	81.90*		59
60 DILATION OF URETHRA				10.00	29.10*	27.00	60
61 PROSTATECTOMY - SUPRAPUBIC				1247.20*	1309.60*	1559.00*	61
62 ELECTROSECTION-PROSTATE (TUR)				1309.60*	1559.00*	1559.00*	62
63 HYSTERECTOMY				1145.80*	1145.80*		63
64 INITIAL COMPLETE EYE EXAM				48.00	36.00	46.40	64
65 COMPREHENSIVE EYE EXAM							65
66 EYE EXAM WITH TONOMETRY				18.40*	19.10*	15.90*	66
67 EXTRACTION OF LENS				1266.70*	1247.20*	1266.70*	67
68 CHEST X-RAY - SINGLE VIEW	29.10*	29.10*	23.40*	23.40*	23.40*	22.30*	68
69 CHEST X-RAY - TWO VIEWS	41.00*	35.10*	45.50	35.10*	46.00	46.00	69
70 X-RAY SPINE				35.10*	42.20*		70
71 X-RAY HIP				39.00*	43.90*	41.70*	71
72 X-RAY UPPER GI TRACT	84.20*	77.90*	80.10*	84.20*	97.60*	97.60*	72
73 X-RAY COLON				70.10*	95.00	107.30*	73
74 RADIATION THERAPY-LOW VOLT					27.70*		74
75 RADIATION THERAPY-SUPER VOLT							75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				328.00	328.00		77
78 CAT SCAN - ABDOMEN							78
79 THREE CHEMISTRY TESTS				39.00*	18.00		79
80 NINETEEN CHEMISTRY TESTS				38.50	16.00	35.00	80
81 CULTURE - OTHER THAN BLOOD				15.00	20.00	17.00	81
82 HEMOGLOBIN				8.00	5.00	8.50	82
83 AUTOMATED BLOOD COUNT					8.00		83
84 WHITE CELL COUNT				5.50	3.00	8.50	84
85 COMPLETE BLOOD COUNT (CBC)				15.00	12.00		85
86 CHOLESTEROL TEST				10.00	8.00	10.00	86
87 FLOCCULATION TEST				10.00	10.00		87
88 HEMATOCRIT				6.00		8.50	88
89 PLATELET COUNT (REES-ECKER)				10.00	10.00	14.00	89
90 POTASSIUM TEST - BLOOD				10.00	9.00	12.50	90
91 PROTHROMBIN TIME TEST				10.00	9.00	12.50	91
92 SEDIMENTATION RATE					7.50	8.00	92
93 BLOOD SUGAR				10.00	8.00	12.50	93
94 BUN-UREA - NITROGEN				10.00	8.00	10.00	94
95 URIC ACID				10.00	9.00		95
96 FECES-OCCULT BLOOD-SCREENING				5.00	7.00		96
97 PAP TEST				15.00		10.00	97
98 ROUTINE URINALYSIS					7.50	10.50	98
99 CHEMICAL URINALYSIS							99
100 PATHOLOGY - THREE SPECIMENS							100
101 ELEC MONITORING-PACEMAKER				30.00	35.00		101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL							104
105 WALKER - RENTAL							105
106 WHEELCHAIR - RENTAL				33.60*	39.90*	420.40*	106
107 LIQUID OXYGEN - RENTAL							107
108 HOSPITAL BED - PURCHASE				75.00	72.40*	72.40*	108
109 WALKER - PURCHASE							109
110 WHEELCHAIR - PURCHASE							110

NEW HAMPSHIRE

NEW HAMPSHIRE



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW HAMPSHIRE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		7.80*	1
2 INITIAL LIMITED OFFICE VISIT	19.50*	25.00	2
3 INITIAL INTERMED OFFICE VISIT		40.00	3
4 INITIAL COMP OFFICE VISIT	29.20*	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.90*	7.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.50*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	19.50*	19.50*	8
9 EXTENDED F/U OFFICE VISIT			9
10 COMP FOLLOWUP OFFICE VISIT	35.00	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	14.60*	18.00*	11
12 LIMITED FOLLOWUP HOME VISIT		23.40	12
13 INTERMDIATE F/U HOME VISIT	19.50*	31.40*	13
14 EXTENDED CARE FACILITY VISIT		15.60*	14
15 BRIEF F/U NURSING HOME VISIT	18.00	19.00*	15
16 INITIAL BRIEF HOSPITAL VISIT	30.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT	39.00*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	19.50*	22.60*	21
22 EXTENDED F/U HOSPITAL VISIT		37.00*	22
23 BRIEF EMERGENCY ROOM VISIT		7.80*	23
24 LIMITED EMERGENCY ROOM VISIT		19.50*	24
25 INTERMED EMERGENCY ROOM VISIT		33.50*	25
26 LIMITED CONSULTATION	29.40*	48.70*	26
27 EXTENSIVE CONSULTATION		48.70*	27
28 COMPREHENSIVE CONSULTATION		68.20*	28
29 PSYCHOTHERAPY-ONE HOUR		58.50*	29
30 PSYCHOTHERAPY-HALF HOUR		29.20*	30
31 CHIROPRACTIC OFFICE VISIT	14.40	14.00	31
32 INITIAL PHYSIOTHERAPY		10.80	32
33 F/U PODIATRIC OFFICE VISIT		13.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50*	15.50*	35
36 SPIROMETRY		25.00	36
37 ELECTROENCEPHALOGRAM (EEG)		34.80	37
38 CHEMOTHERAPY		40.00	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		14.60*	40
41 SKIN BIOPSY		29.20*	41
42 CHEMOCAUTERY		34.40*	42
43 RADICAL MASTECTOMY		818.60*	43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	36.00	23.40*	45
46 CORONARY ARTERY BYPASS		2922.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		1949.00	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		194.90*	49
50 THORACENTESIS		34.10*	50
51 CATHERIZATION OF HEART		494.60	51
52 INSERTION OF PACEMAKER		1169.40*	52
53 PARTIAL COLECTOMY		900.00*	53
54 APPENDECTOMY	462.90*	462.90*	54
55 SIGMOIDOSCOPY		40.00	55

1983 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW HAMPSHIRE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
56 HEMORRHOIDECTOMY		200.00	56
57 CHOLECYSTECTOMY		682.20	57
58 REPAIR HERNIA			58
59 DIAGNOSTIC CYSTOURETHROSCOPY	102.00	58.50*	59
60 DILATION OF URETHRA		19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC		900.00	61
62 ELECTROSECTION-PROSTATE (TUR)	900.00	880.00	62
63 HYSTERECTOMY		877.10*	63
64 INITIAL COMPLETE EYE EXAM		19.50*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS	840.00	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	58.50*	11.00 P	68
69 CHEST X-RAY - TWO VIEWS	68.20*	13.00 P	69
70 X-RAY SPINE		19.50*P	70
71 X-RAY HIP		14.35 P	71
72 X-RAY UPPER GI TRACT	63.00	31.20*P	72
73 X-RAY COLON		30.00 P	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		75.70*P	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		7.00	81
82 HEMOGLOBIN		4.00L	82
83 AUTOMATED BLOOD COUNT		7.80	83
84 WHITE CELL COUNT		3.50L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		9.00L	86
87 FLOCCULATION TEST		7.00	87
88 HEMATOCRIT		4.00	88
89 PLATELET COUNT (REES-ECKER)		7.00	89
90 POTASSIUM TEST - BLOOD		7.00	90
91 PROTHROMBIN TIME TEST		8.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		7.00L	93
94 BUN-UREA - NITROGEN		8.00L	94
95 URIC ACID		8.00L	95
96 FECES-OCCULT BLOOD-SCREENING		3.75	96
97 PAP TEST		6.00L	97
98 ROUTINE URINALYSIS		4.50L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		23.00	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		1050.00	102
103 KIDNEY TRANSPLANT		1380.00	103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL		12.00	105
106 WHEELCHAIR - RENTAL		25.00L	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		35.00	109
110 WHEELCHAIR - PURCHASE		315.00	110

NEW JERSEY

NEW JERSEY



Three Localities:

- 01 Bergen, Essex, Hudson, Hunterdon, Middlesex, Morris, Passaic, Somerset, Sussex, Union, Warren Counties
- 02 Burlington, Mercer, Monmouth, and Ocean Counties
- 03 Atlantic, Camden, Cape May, Cumberland, Gloucester, Salem Counties

1983 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW JERSEY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
1 INITIAL BRIEF OFFICE VISIT				19.50*	19.50*	19.50*	1
2 INITIAL LIMITED OFFICE VISIT	29.20*	29.20*	25.00	48.70*	39.00*	39.00*	2
3 INITIAL INTERMED OFFICE VISIT				19.50*	19.50*	19.50*	3
4 INITIAL COMP OFFICE VISIT	39.00*	39.00*	39.00*	58.50*	58.50*	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.60*	15.60*	13.60*	19.50*	19.50*	19.50*	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.60*	15.60*	13.60*	19.50*	19.50*	19.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.60*	15.60*	13.60*	19.50*	19.50*	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	30.00	25.00	20.00	50.00	40.00	30.00	8
9 EXTENDED F/U OFFICE VISIT	30.00	25.00	20.00	50.00	40.00	30.00	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	25.00	20.00	50.00	40.00	30.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	19.50*	23.40*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT				23.40*	23.40*	19.50*	12
13 INTERMDIATE F/U HOME VISIT	23.40*	19.50*	19.50*	23.40*	23.40*	19.50*	13
14 EXTENDED CARE FACILITY VISIT				29.20*	23.40*	19.50*	14
15 BRIEF F/U NURSING HOME VISIT	15.60*	15.60*	13.60*	19.50*	19.50*	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	48.70*	68.20*	68.20*	58.50*	16
17 INIT INTERMED HOSPITAL VISIT				68.20*	68.20*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	65.00	49.50*	90.80*	81.20*	69.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	19.50*	23.40*	19.50*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	19.50*	19.50*	23.40*	19.50*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	19.50*	19.50*	19.50*	23.40*	19.50*	19.50*	21
22 EXTENDED F/U HOSPITAL VISIT				23.40*	19.50*	19.50*	22
23 BRIEF EMERGENCY ROOM VISIT				29.20*	29.20*	29.20*	23
24 LIMITED EMERGENCY ROOM VISIT				29.20*	29.20*	29.20*	24
25 INTERMED EMERGENCY ROOM VISIT				60.00	60.00	60.00	25
26 LIMITED CONSULTATION	25.00	29.20*	25.00	29.20*	29.20*	29.20*	26
27 EXTENSIVE CONSULTATION				97.50*	68.20*	78.00*	27
28 COMPREHENSIVE CONSULTATION				100.00	83.60*	100.00	28
29 PSYCHOTHERAPY-ONE HOUR				65.00	58.50*	68.20*	29
30 PSYCHOTHERAPY-HALF HOUR				40.00	39.00*	39.00*	30
31 CHIROPRACTIC OFFICE VISIT	8.00	8.00	8.00	18.00	16.80*	19.50*	31
32 INITIAL PHYSIOTHERAPY				19.50*	19.50*	15.60	32
33 F/U PODIATRIC OFFICE VISIT				19.50*	19.50*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	30.00	35.00	35.00	30.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	23.40*P	25.00 P	25.00 P	15.00 P	29.20*P	9.75*P	35
36 SPIROMETRY				30.20*	34.10*	34.10*	36
37 ELECTROENCEPHALOGRAM (EEG)				68.20*	78.00*	78.00*	37
38 CHEMOTHERAPY				29.20*	23.40*	29.20*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS							40
41 SKIN BIOPSY				97.50*	50.00	68.20*	41
42 CHEMOCAUTERY				29.20*	29.20*	29.20*	42
43 RADICAL MASTECTOMY				1042.70*	974.50*	779.60*	43
44 OPEN REDUCTION OF FRACTURE				1364.30*	1266.90	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	39.00*	23.40	33.00*	39.00*	40.00	39.00*	45
46 CORONARY ARTERY BYPASS				4500.00	4500.00	4500.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				1600.00	1344.80	1169.40	47
48 NEEDLE PUNCTURE OF BURSA				39.00*	29.20*	39.00*	48
49 BRONCHOSCOPY				292.40*	341.10	214.40*	49
50 THORACENTESIS				68.20*	68.20*	68.20*	50
51 CATHERIZATION OF HEART				584.70*	584.70*	584.70*	51
52 INSERTION OF PACEMAKER				1272.70	1266.90	974.50	52
53 PARTIAL COLECTOMY				1461.75*	1364.30*	1169.40*	53
54 APPENDECTOMY	750.00	633.40	633.40	613.90*	623.70*	536.00*	54
55 SIGMOIDOSCOPY				60.00	68.20*	68.20*	55

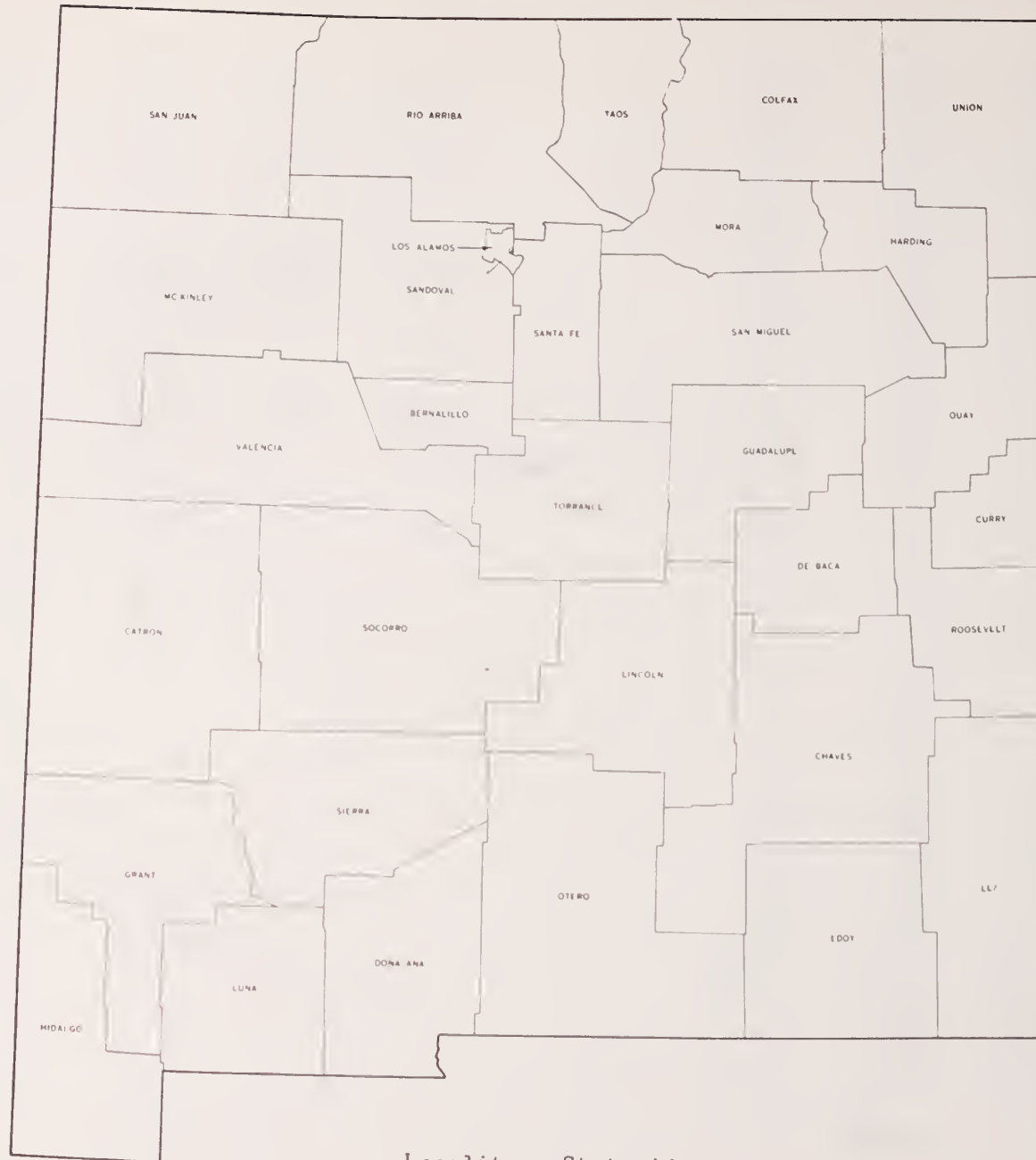
1983 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW JERSEY
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
56 HEMORRHOIDECTOMY				487.25*	389.80	438.50	56
57 CHOLECYSTECTOMY				974.50*	916.00*	779.60*	57
58 REPAIR HERNIA				604.20*	584.70*	487.25*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	97.50*	68.20	68.20	87.70*	97.50*	78.00*	59
60 DILATION OF URETHRA				29.20*	30.00	20.00	60
61 PROSTATECTOMY - SUPRAPUBIC				1423.00*	1169.40*	1023.20*	61
62 ELECTROSECTION-PROSTATE (TUR)	1072.00*	1072.00*	1072.00*	1169.40*	1276.60*	974.50*	62
63 HYSTERECTOMY				1266.90*	974.50*	925.80	63
64 INITIAL COMPLETE EYE EXAM				32.00	34.10*	30.00	64
65 COMPREHENSIVE EYE EXAM				36.00	40.00	32.00	65
66 EYE EXAM WITH TONOMETRY				32.00	34.10*	30.00	66
67 EXTRACTION OF LENS	1072.00*	1072.00*	1072.00*	1169.40*	974.50*	974.50*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	29.20*	23.00	35.00	35.00	39.00*	68
69 CHEST X-RAY - TWO VIEWS	36.00	29.20*	29.20*	39.00*	36.00	39.00*	69
70 X-RAY SPINE				58.50*	58.00	64.00	70
71 X-RAY HIP				45.00	40.00	39.00*	71
72 X-RAY UPPER GI TRACT	97.50*	87.70	78.00	97.50*	85.00	78.00*	72
73 X-RAY COLON				85.80*	76.00	87.70*	73
74 RADIATION THERAPY-LOW VOLT	30.00	30.00	30.00	30.00	30.00	27.00	74
75 RADIATION THERAPY-SUPER VOLT	60.00	60.00	60.00	60.00	60.00	60.00	75
76 RADIATION THERAPY-MEGAVOLT				35.00	36.00	27.00	76
77 CAT SCAN - HEAD				325.00	330.00	330.00	77
78 CAT SCAN - ABDOMEN				350.00	350.00	350.00	78
79 THREE CHEMISTRY TESTS				10.00	10.00	10.00	79
80 NINETEEN CHEMISTRY TESTS				20.00	20.00	20.00	80
81 CULTURE - OTHER THAN BLOOD				10.00	10.00	10.00	81
82 HEMOGLOBIN				2.00L	2.00L	2.00L	82
83 AUTOMATED BLOOD COUNT				2.00L	2.00L	2.00L	83
84 WHITE CELL COUNT				3.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)				7.75L	7.75L	7.75L	85
86 CHOLESTEROL TEST				6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST				7.60	7.60	7.60	87
88 HEMATOCRIT				4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)				8.50	8.50	8.50	89
90 POTASSIUM TEST - BLOOD				8.00	8.00	8.00	90
91 PROTHROMBIN TIME TEST				7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE				5.00L	5.00L	5.00L	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				5.70L	5.70L	5.70L	94
95 URIC ACID				5.70L	5.70L	5.70L	95
96 FECES-OCCULT BLOOD-SCREENING				5.00	5.00	5.00	96
97 PAP TEST				7.75L	7.75L	7.75L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS				5.00L	5.00L	5.00L	99
100 PATHOLOGY - THREE SPECIMENS				25.00	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER				50.00	60.00	55.00	101
102 DONOR NEPHRECTOMY-UNILATERAL				3560.00*	3640.00*	2620.00*	102
103 KIDNEY TRANSPLANT				1451.90*	1451.90*	1451.90*	103
104 HOSPITAL BED - RENTAL				60.00L	60.00L	60.00L	104
105 WALKER - RENTAL				18.00	18.00	18.00	105
106 WHEELCHAIR - RENTAL				30.00L	30.00L	30.00L	106
107 LIQUID OXYGEN - RENTAL				150.00	150.00	150.00	107
108 HOSPITAL BED - PURCHASE							108
109 WALKER - PURCHASE				50.70	50.70	50.70	109
110 WHEELCHAIR - PURCHASE				283.00L	283.00L	283.00L	110

NEW MEXICO

NEW MEXICO



Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW MEXICO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		25.40*	1
2 INITIAL LIMITED OFFICE VISIT	36.23	33.00	2
3 INITIAL INTERMED OFFICE VISIT		33.00	3
4 INITIAL COMP OFFICE VISIT	38.57	71.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.00*	11.20*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.30*	16.20*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.72	22.20*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.80	25.00	8
9 EXTENDED F/U OFFICE VISIT	26.00	41.40	9
10 COMP FOLLOWUP OFFICE VISIT	35.00	64.00	10
11 BRIEF FOLLOWUP HOME VISIT	20.25*	30.60*	11
12 LIMITED FOLLOWUP HOME VISIT		28.46	12
13 INTERMDIATE F/U HOME VISIT	32.68	40.00	13
14 EXTENDED CARE FACILITY VISIT		15.10*	14
15 BRIEF F/U NURSING HOME VISIT	14.30*	16.20*	15
16 INITIAL BRIEF HOSPITAL VISIT	25.00	40.60*	16
17 INIT INTERMED HOSPITAL VISIT		53.70*	17
18 INITIAL COMP HOSPITAL VISIT	71.10*	76.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	12.20*	15.10*	19
20 LIMITED F/U HOSPITAL VISIT	20.25*	21.90*	20
21 INTERMED F/U HOSPITAL VISIT	30.00	30.43*	21
22 EXTENDED F/U HOSPITAL VISIT		36.58	22
23 BRIEF EMERGENCY ROOM VISIT		18.80*P	23
24 LIMITED EMERGENCY ROOM VISIT		31.80*P	24
25 INTERMED EMERGENCY ROOM VISIT		38.91 P	25
26 LIMITED CONSULTATION	30.60*	43.60*	26
27 EXTENSIVE CONSULTATION		60.80*	27
28 COMPREHENSIVE CONSULTATION		81.20*	28
29 PSYCHOTHERAPY-ONE HOUR		49.10*	29
30 PSYCHOTHERAPY-HALF HOUR		24.96	30
31 CHIROPRACTIC OFFICE VISIT	13.00*	13.50*	31
32 INITIAL PHYSIOTHERAPY		12.00	32
33 F/U PODIATRIC OFFICE VISIT		16.20*	33
34 ELECTROCARDIOGRAM (EKG)	30.60*	30.70*	34
35 EKG-INTERPRET AND REPORT ONLY	15.70*	12.00 P	35
36 SPIROMETRY		35.00	36
37 ELECTROENCEPHALOGRAM (EEG)			37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		11.00	40
41 SKIN BIOPSY		32.30*	41
42 CHEMOCAUTERY		20.25*	42
43 RADICAL MASTECTOMY		971.30*	43
44 OPEN REDUCTION OF FRACTURE		1016.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.00	35.00	45
46 CORONARY ARTERY BYPASS		3713.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2334.00*	47
48 NEEDLE PUNCTURE OF BURSA		30.60*	48
49 BRONCHOSCOPY		253.40*	49
50 THORACENTESIS		50.70*	50
51 CATHERIZATION OF HEART		610.00	51
52 INSERTION OF PACEMAKER		1146.75	52
53 PARTIAL COLECTOMY		1216.50*	53
54 APPENDECTOMY		547.60*	54
55 SIGMOIDOSCOPY		43.60*	55

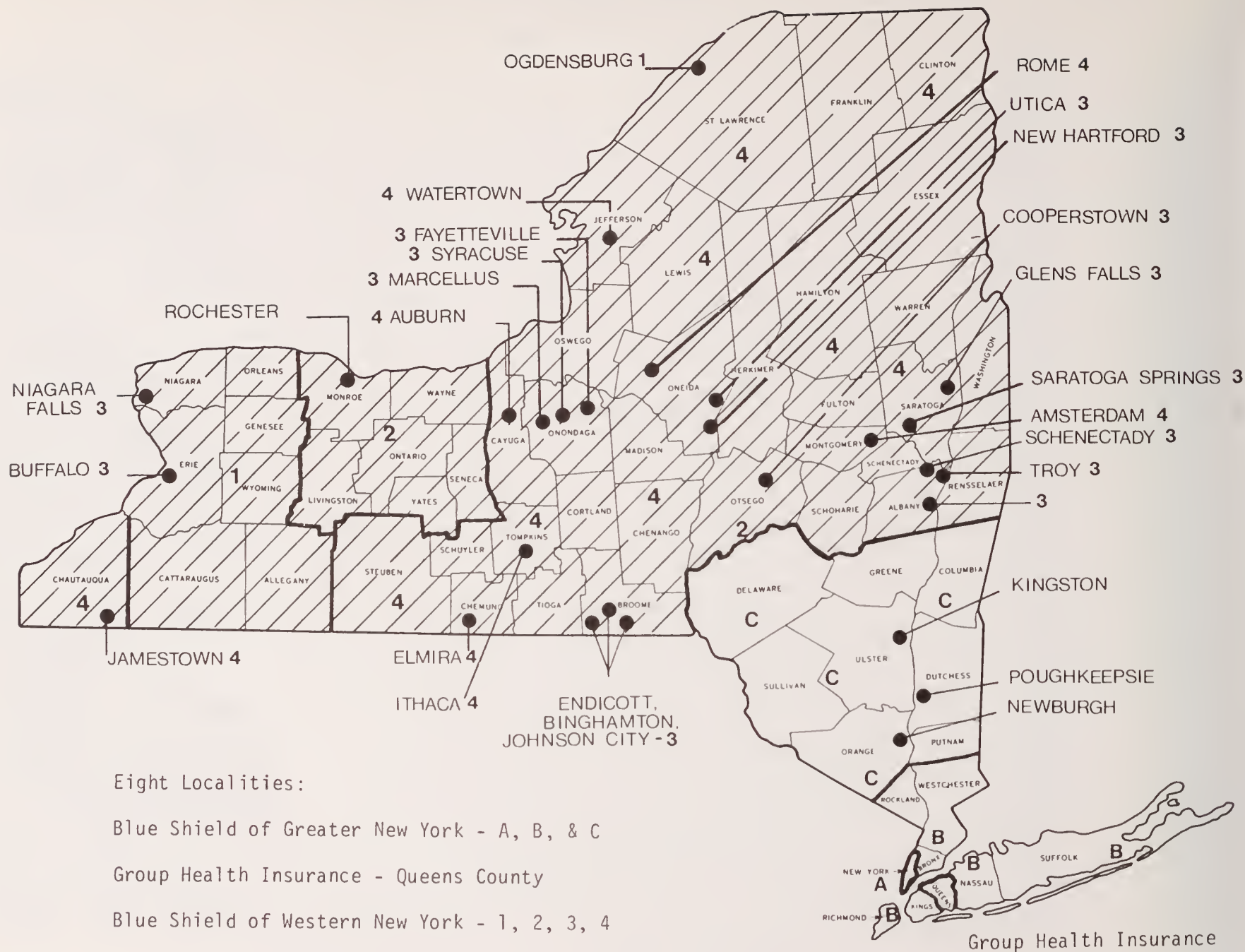
1983·PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW MEXICO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		396.90*	56
57 CHOLECYSTECTOMY		810.90*	57
58 REPAIR HERNIA		503.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	71.10*	71.10*	59
60 DILATION OF URETHRA		20.25*	60
61 PROSTATECTOMY - SUPRAPUBIC		1054.30*	61
62 ELECTROSECTION-PROSTATE (TUR)		1032.00*	62
63 HYSTERECTOMY		967.10*	63
64 INITIAL COMPLETE EYE EXAM		27.60*	64
65 COMPREHENSIVE EYE EXAM		27.60*	65
66 EYE EXAM WITH TONOMETRY		13.80*	66
67 EXTRACTION OF LENS		949.20*	67
68 CHEST X-RAY - SINGLE VIEW	22.20*	24.40*	68
69 CHEST X-RAY - TWO VIEWS	30.60*	30.70*	69
70 X-RAY SPINE		40.60*	70
71 X-RAY HIP		40.60*	71
72 X-RAY UPPER GI TRACT	63.90*	89.10*	72
73 X-RAY COLON		71.10*	73
74 RADIATION THERAPY-LOW VOLT		25.40*	74
75 RADIATION THERAPY-SUPER VOLT		30.60*P	75
76 RADIATION THERAPY-MEGAVOLT		30.60*P	76
77 CAT SCAN - HEAD		300.00	77
78 CAT SCAN - ABDOMEN		290.00*	78
79 THREE CHEMISTRY TESTS		13.18*	79
80 NINETEEN CHEMISTRY TESTS		28.08*	80
81 CULTURE - OTHER THAN BLOOD		15.00	81
82 HEMOGLOBIN		3.50L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		4.69L	84
85 COMPLETE BLOOD COUNT (CBC)		10.00L	85
86 CHOLESTEROL TEST		8.50L	86
87 FLOCCULATION TEST		6.63	87
88 HEMATOCRIT		24.32	88
89 PLATELET COUNT (REES-ECKER)		9.55	89
90 POTASSIUM TEST - BLOOD		10.45	90
91 PROTHROMBIN TIME TEST		8.16L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		7.50L	93
94 BUN-UREA - NITROGEN		7.75L	94
95 URIC ACID		7.80L	95
96 FECES-OCCULT BLOOD-SCREENING		6.21	96
97 PAP TEST		9.48L	97
98 ROUTINE URINALYSIS		5.20L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		29.80	100
101 ELEC MONITORING-PACEMAKER		45.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1325.08*	102
103 KIDNEY TRANSPLANT		1473.77*	103
104 HOSPITAL BED - RENTAL		32.19L	104
105 WALKER - RENTAL		10.35	105
106 WHEELCHAIR - RENTAL		20.70L	106
107 LIQUID OXYGEN - RENTAL		85.00	107
108 HOSPITAL BED - PURCHASE		370.93L	108
109 WALKER - PURCHASE		59.28	109
110 WHEELCHAIR - PURCHASE		270.00L	110

NEW YORK

NEW YORK



Eight Localities:

Blue Shield of Greater New York - A, B, & C

Group Health Insurance - Queens County

Blue Shield of Western New York - 1, 2, 3, 4

(For more locality information see Appendix A)

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A	B	C	A	B	C	
1 INITIAL BRIEF OFFICE VISIT				68.20*	45.00	35.00	1
2 INITIAL LIMITED OFFICE VISIT							2
3 INITIAL INTERMED OFFICE VISIT							3
4 INITIAL COMP OFFICE VISIT	27.10	35.00	29.20*	68.20*	48.70*	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	23.40*	18.90*	15.60*	39.00*	27.80*	19.50*	5
6 BRIEF FOLLOWUP OFFICE VISIT	23.40*	18.90*	15.60*	39.00*	27.80*	19.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT							7
8 INTERMEDIATE F/U OFFICE VISIT							8
9 EXTENDED F/U OFFICE VISIT	35.10*	25.00*	25.00	48.70*	39.00*	35.00	9
10 COMP FOLLOWUP OFFICE VISIT	29.20*	25.00*	19.50*	58.50*	48.70*	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	29.20*	28.50*	20.00*	48.70*	29.20*	29.20*	11
12 LIMITED FOLLOWUP HOME VISIT							12
13 INTERMDIATE F/U HOME VISIT							13
14 EXTENDED CARE FACILITY VISIT				39.00*	33.10*	23.40*	14
15 BRIEF F/U NURSING HOME VISIT	23.40*	18.90*	15.60*	39.00*	27.80*	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	33.70*	29.20*	68.20*	51.30*	58.50*	16
17 INIT INTERMED HOSPITAL VISIT							17
18 INITIAL COMP HOSPITAL VISIT							18
19 BRIEF FOLLOWUP HOSPITAL VISIT	29.20*	23.40*	19.50*	48.70*	29.20*	27.30*	19
20 LIMITED F/U HOSPITAL VISIT							20
21 INTERMED F/U HOSPITAL VISIT							21
22 EXTENDED F/U HOSPITAL VISIT							22
23 BRIEF EMERGENCY ROOM VISIT				30.00*	39.00*	29.20*	23
24 LIMITED EMERGENCY ROOM VISIT							24
25 INTERMED EMERGENCY ROOM VISIT							25
26 LIMITED CONSULTATION	97.50*	68.80*	48.70*	97.50*	97.50*	68.20*	26
27 EXTENSIVE CONSULTATION							27
28 COMPREHENSIVE CONSULTATION				116.90*	116.90*	97.50*	28
29 PSYCHOTHERAPY-ONE HOUR				74.10*	60.00	50.00	29
30 PSYCHOTHERAPY-HALF HOUR							30
31 CHIROPRACTIC OFFICE VISIT	15.40*	16.60*	12.90*	15.20*	15.20*		31
32 INITIAL PHYSIOTHERAPY				29.20*	19.50*	15.60*	32
33 F/U PODIATRIC OFFICE VISIT				23.40*	18.90*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	30.70*	38.00*	30.00	42.10*	39.20*	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	12.30*	15.20*	12.00*	16.80*	15.70*	12.00*	35
36 SPIROMETRY				43.20*	34.90*	28.20*	36
37 ELECTROENCEPHALOGRAM (EEG)				126.30*	86.50*	68.20*	37
38 CHEMOTHERAPY				58.00	55.00	45.00	38
39 COLLECTION OF SPECIMENS							39
40 DEBRIDEMENT OF NAILS				25.00	25.00	19.50*	40
41 SKIN BIOPSY				68.20*	59.40*	48.70*	41
42 CHEMOCAUTERY				87.70*	75.00	45.00	42
43 RADICAL MASTECTOMY				1953.30*	1981.90*	1522.40*	43
44 OPEN REDUCTION OF FRACTURE				2533.70*	1887.20*	1461.75*	44
45 ARTHROCENTESIS-MAJOR JOINT	45.00	46.60*	29.20*	68.20*	48.70*	50.00	45
46 CORONARY ARTERY BYPASS				5075.00*	5750.00	5075.00	46
47 TOTAL ARTIFICIAL HIP REPLACE				3898.00*	2953.10*	2648.30*	47
48 NEEDLE PUNCTURE OF BURSA				68.20*	47.00*	35.00	48
49 BRONCHOSCOPY				389.80*	341.90*	292.40*	49
50 THORACENTESIS				126.70*	144.40*	78.00*	50
51 CATHETERIZATION OF HEART							51
52 INSERTION OF PACEMAKER				1461.75*	1598.80*	1500.00	52
53 PARTIAL COLECTOMY				2436.25*	1895.20*	1461.75*	53
54 APPENDECTOMY	682.20*	877.10*	584.70*	1072.00*	874.10*	584.70*	54
55 SIGMOIDOSCOPY				68.20*	49.10*	58.50*	55

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF GREATER NEW YORK
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A	B	C	A	B	C	
56 HEMORRHOIDECTOMY				877.10*	725.00*	409.30*	56
57 CHOLECYSTECTOMY				1656.70*	1207.80*	877.10*	57
58 REPAIR HERNIA				1072.00*	779.60*	584.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	155.90*	87.70*	87.70*	155.90*	141.70*	97.50*	59
60 DILATION OF URETHRA				39.00*	35.00	29.20*	60
61 PROSTATECTOMY - SUPRAPUBIC				1949.00*	1545.40*	1257.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	1559.20*	1461.75*	1461.75*	1607.90*	1461.75*	1461.75*	62
63 HYSTERECTOMY				1656.70*	1438.20*	1072.00*	63
64 INITIAL COMPLETE EYE EXAM				48.70*	39.00*	45.00	64
65 COMPREHENSIVE EYE EXAM				38.20*	31.20*	32.70*	65
66 EYE EXAM WITH TONOMETRY				39.00*	29.20*	21.60*	66
67 EXTRACTION OF LENS	1072.00*	1001.00*	870.00*	1461.75*	1337.80*	1024.40*	67
68 CHEST X-RAY - SINGLE VIEW	35.00	29.20*	29.20*	39.00*	40.00	29.20*	68
69 CHEST X-RAY - TWO VIEWS	48.70*	46.00	29.20*	48.70*	46.00	66.00	69
70 X-RAY SPINE				87.70*	75.00	60.00	70
71 X-RAY HIP				75.00	58.90*	45.00	71
72 X-RAY UPPER GI TRACT	140.00	122.00*	100.60*	146.20*	130.00	95.00	72
73 X-RAY COLON				146.20*	118.30*	85.00	73
74 RADIATION THERAPY-LOW VOLT	29.20*	32.90*	25.00	50.00	45.80*	25.00	74
75 RADIATION THERAPY-SUPER VOLT	21.40*	48.70*	25.00	58.50*	48.70*	25.00	75
76 RADIATION THERAPY-MEGAVOLT							76
77 CAT SCAN - HEAD				284.40*	250.25*	200.75*	77
78 CAT SCAN - ABDOMEN				321.20*	282.40*	226.90*	78
79 THREE CHEMISTRY TESTS				10.00	10.00	10.00	79
80 NINETEEN CHEMISTRY TESTS				23.00	23.00	23.00	80
81 CULTURE - OTHER THAN BLOOD				16.50	16.50	15.00	81
82 HEMOGLOBIN				3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				3.00L	3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)				8.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST				6.00L	5.00L	6.00L	86
87 FLOCCULATION TEST				6.50	8.00	6.50	87
88 HEMATOCRIT				4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)				10.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD				9.00	9.00	8.00	90
91 PROTHROMBIN TIME TEST							91
92 SEDIMENTATION RATE				5.00L	5.00L	5.00L	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				6.25L	7.00L	6.25L	94
95 URIC ACID				5.50L	7.00L	5.50L	95
96 FECES-OCCULT BLOOD-SCREENING				8.00	6.00	6.00	96
97 PAP TEST				7.50L	7.50L	7.50L	97
98 ROUTINE URINALYSIS				5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS							99
100 PATHOLOGY - THREE SPECIMENS				25.00	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER				10.00	10.00	10.00	101
102 DONOR NEPHRECTOMY-UNILATERAL				1949.00*	1546.90*	1750.00	102
103 KIDNEY TRANSPLANT				2357.40*	2375.20*	2564.40*	103
104 HOSPITAL BED - RENTAL				60.00L	60.00L	60.00L	104
105 WALKER - RENTAL				13.25	13.25	13.25	105
106 WHEELCHAIR - RENTAL				35.00L	35.00L	35.00L	106
107 LIQUID OXYGEN - RENTAL				137.00	137.00	137.00	107
108 HOSPITAL BED - PURCHASE				475.00L	475.00L	475.00L	108
109 WALKER - PURCHASE				45.00	45.00	45.00	109
110 WHEELCHAIR - PURCHASE				273.00L	273.00L	273.00L	110

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		45.00	1
2 INITIAL LIMITED OFFICE VISIT			2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	35.00	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	18.90*	27.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	18.90*	27.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDIATE F/U OFFICE VISIT			8
9 EXTENDED F/U OFFICE VISIT	25.00*	39.00*	9
10 COMP FOLLOWUP OFFICE VISIT	25.00*	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	28.50*	29.20*	11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT			13
14 EXTENDED CARE FACILITY VISIT		33.10*	14
15 BRIEF F/U NURSING HOME VISIT	18.90*	27.80*	15
16 INITIAL BRIEF HOSPITAL VISIT	33.70*	51.30*	16
17 INIT INTERMED HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	23.40*	29.20*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT			21
22 EXTENDED F/U HOSPITAL VISIT			22
23 BRIEF EMERGENCY ROOM VISIT		39.00*	23
24 LIMITED EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITED CONSULTATION	68.80*	97.50*	26
27 EXTENSIVE CONSULTATION			27
28 COMPREHENSIVE CONSULTATION		116.90*	28
29 PSYCHOTHERAPY-ONE HOUR		60.00	29
30 PSYCHOTHERAPY-HALF HOUR			30
31 CHIROPRACTIC OFFICE VISIT	16.60*	15.20*	31
32 INITIAL PHYSIOTHERAPY		19.50*	32
33 F/U PODIATRIC OFFICE VISIT		18.90*	33
34 ELECTROCARDIOGRAM (EKG)	38.00*	39.20*	34
35 EKG-INTERPRET AND REPORT ONLY	15.20*	15.70*	35
36 SPIROMETRY		34.90*	36
37 ELECTROENCEPHALOGRAM (EEG)		86.50*	37
38 CHEMOTHERAPY		55.00	38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		25.00	40
41 SKIN BIOPSY		59.40*	41
42 CHEMOCAUTERY		75.00	42
43 RADICAL MASTECTOMY		1981.90*	43
44 OPEN REDUCTION OF FRACTURE		1887.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	46.60*	48.70*	45
46 CORONARY ARTERY BYPASS		5750.00	46
47 TOTAL ARTIFICIAL HIP REPLACE		2953.10*	47
48 NEEDLE PUNCTURE OF BURSA		47.00*	48
49 BRONCHOSCOPY		341.90*	49
50 THORACENTESIS		144.40*	50
51 CATHERIZATION OF HEART			51
52 INSERTION OF PACEMAKER		1598.80*	52
53 PARTIAL COLECTOMY		1895.20*	53
54 APPENDECTOMY	877.10*	874.10*	54
55 SIGMOIDOSCOPY		49.10*	55

1983 PREVAILING CHARGE SUMMARY DATA GROUP HEALTH INCORPORATED
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NEW YORK
LOCALITY DESIGNATION FOR SPECIALIST

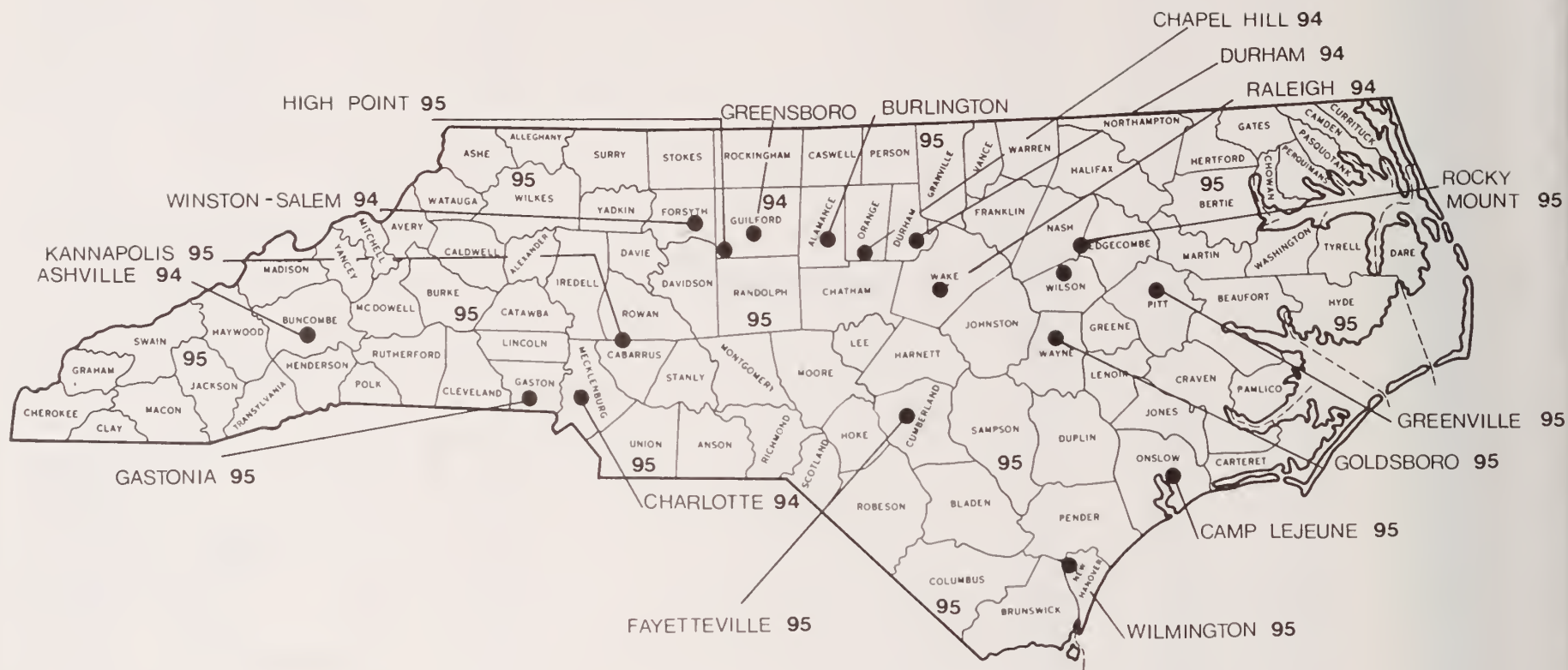
PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		725.00*	56
57 CHOLECYSTECTOMY		1207.80*	57
58 REPAIR HERNIA		779.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	87.70*	141.70*	59
60 DILATION OF URETHRA		35.00	60
61 PROSTATECTOMY - SUPRAPUBIC		1545.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	1461.75*	1461.75*	62
63 HYSTERECTOMY		1438.20*	63
64 INITIAL COMPLETE EYE EXAM		39.00*	64
65 COMPREHENSIVE EYE EXAM		31.20*	65
66 EYE EXAM WITH TONOMETRY		29.20*	66
67 EXTRACTION OF LENS	1001.00*	1337.80*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	40.00	68
69 CHEST X-RAY - TWO VIEWS	46.00	46.00	69
70 X-RAY SPINE		75.00	70
71 X-RAY HIP		58.90*	71
72 X-RAY UPPER GI TRACT	122.00*	130.00	72
73 X-RAY COLON		118.30*	73
74 RADIATION THERAPY-LOW VOLT	32.90*	45.80*	74
75 RADIATION THERAPY-SUPER VOLT	48.70*	48.70*	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		250.25*	77
78 CAT SCAN - ABDOMEN		282.40*	78
79 THREE CHEMISTRY TESTS		10.00	79
80 NINETEEN CHEMISTRY TESTS		23.00	80
81 CULTURE - OTHER THAN BLOOD		16.50	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		3.00L	84
85 COMPLETE BLOOD COUNT (CBC)		8.00L	85
86 CHOLESTEROL TEST		5.00L	86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		8.00	89
90 POTASSIUM TEST - BLOOD		9.00	90
91 PROTHROMBIN TIME TEST			91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		6.00	96
97 PAP TEST		7.50L	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS		25.00	100
101 ELEC MONITORING-PACEMAKER		10.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1546.90*	102
103 KIDNEY TRANSPLANT		2375.20*	103
104 HOSPITAL BED - RENTAL		60.00L	104
105 WALKER - RENTAL		13.25	105
106 WHEELCHAIR - RENTAL		35.00L	106
107 LIQUID OXYGEN - RENTAL		137.00	107
108 HOSPITAL BED - PURCHASE		475.00L	108
109 WALKER - PURCHASE		45.00	109
110 WHEELCHAIR - PURCHASE		273.00L	110

PROCEDURE DESCRIPTION	I	II	III	IV	
1 INITIAL BRIEF OFFICE VISIT	13.50*	19.50*	18.30*	14.40*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	25.00	25.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT	52.35	55.00	40.00	30.00	3
4 INITIAL COMP OFFICE VISIT	77.00	67.00	70.00	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT					5
6 BRIEF FOLLOWUP OFFICE VISIT	13.50*	19.50*	18.30*	14.40*	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	20.00	20.00	18.00	7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	25.00	24.40*	20.00	8
9 EXTENDED F/U OFFICE VISIT	33.00	30.00	29.20*	22.00	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	58.30*	50.00	45.00	10
11 BRIEF FOLLOWUP HOME VISIT	26.90*	23.00	20.90*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT	34.98	35.00	29.60*	27.00	12
13 INTERMEDIATE F/U HOME VISIT	45.00	35.00	34.90	22.00	13
14 EXTENDED CARE FACILITY VISIT	13.50*	18.70*	17.70*	14.40*	14
15 BRIEF F/U NURSING HOME VISIT	13.50*	15.60*	18.30*	14.40*	15
16 INITIAL BRIEF HOSPITAL VISIT	38.49	39.00*	32.50*	35.90*	16
17 INIT INTERMED HOSPITAL VISIT	64.15	53.00*	51.60*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	83.40	84.00*	74.25*	70.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.50*	15.60*	17.20*	14.20*	19
20 LIMITED F/U HOSPITAL VISIT	20.00	27.30*	21.40*	20.00	20
21 INTERMED F/U HOSPITAL VISIT					21
22 EXTENDED F/U HOSPITAL VISIT	46.64	35.10*	39.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT	12.00	17.00	17.70*	10.90*	23
24 LIMITED EMERGENCY ROOM VISIT	20.20*	23.40*	25.00	19.50*	24
25 INTERMED EMERGENCY ROOM VISIT	25.00	29.20*	30.00	33.00	25
26 LIMITED CONSULTATION	38.60*	40.50*	33.90*	30.80*	26
27 EXTENSIVE CONSULTATION	64.25*	70.00	52.40*	48.70*	27
28 COMPREHENSIVE CONSULTATION	83.40	87.00	78.00*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR	80.20*	63.00	75.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR	48.10	40.00	29.20*	29.20*	30
31 CHIROPRACTIC OFFICE VISIT	15.00	15.00	14.20*	15.00	31
32 INITIAL PHYSIOTHERAPY	13.50*	18.00	15.00	12.30*	32
33 F/U PODIATRIC OFFICE VISIT	13.50*	19.50*	18.30*	14.40*	33
34 ELECTROCARDIOGRAM (EKG)	30.90	34.00	35.00	30.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.50	33.00	25.00	20.00	35
36 SPIROMETRY	35.00	35.30*	30.00	20.50*	36
37 ELECTROENCEPHALOGRAM (EEG)	90.00	75.80*	72.10*	40.00	37
38 CHEMOTHERAPY	33.00	10.00	28.50	30.00	38
39 COLLECTION OF SPECIMENS	3.00	5.00	3.00	4.00	39
40 DEBRIDEMENT OF NAILS	30.00	24.00*	18.00	16.00	40
41 SKIN BIOPSY	40.00	35.70	40.00	44.00*	41
42 CHEMOCAUTERY	55.55	50.00	46.80	40.00	42
43 RADICAL MASTECTOMY	777.00*	747.40*	894.60*	979.80*	43
44 OPEN REDUCTION OF FRACTURE	1110.00*	1262.20*	1130.40*	1052.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	33.00	18.10*	27.70*	25.00	45
46 CORONARY ARTERY BYPASS	2835.00	3215.50*	3465.00	3104.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1665.00*	2120.30*	2131.40*	2028.30*	47
48 NEEDLE PUNCTURE OF BURSA	33.00	30.00	27.10*	29.20*	48
49 BRONCHOSCOPY	220.00	175.40*	201.10*	185.90*	49
50 THORACENTESIS	55.00	59.50	62.40*	48.70*	50
51 CATHETERIZATION OF HEART	550.00	550.00	550.00	550.00	51
52 INSERTION OF PACEMAKER	1000.00	1000.00	1020.00	1000.00	52
53 PARTIAL COLECTOMY	999.00*	1052.70*	1077.20*	974.50*	53
54 APPENDECTOMY	444.00*	409.30*	480.00	420.00	54
55 SIGMOIDOSCOPY					55

PROCEDURE DESCRIPTION	I	II	III	IV	
56 HEMORRHOIDECTOMY	200.00	81.90*	200.00	200.00	56
57 CHOLECYSTECTOMY	666.00*	643.20*	780.00	701.60*	57
58 REPAIR HERNIA	388.50*	385.90*	477.30*	433.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	75.00	70.20*	58.50*	64.70*	59
60 DILATION OF URETHRA	33.30*	30.00	23.40*	29.20*	60
61 PROSTATECTOMY - SUPRAPUBIC	832.00	877.20*	974.50*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	880.00	877.20*	935.50*	935.50*	62
63 HYSTERECTOMY	850.00	760.30*	938.10*	855.20*	63
64 INITIAL COMPLETE EYE EXAM					64
65 COMPREHENSIVE EYE EXAM	38.00	25.00	35.00	39.00*	65
66 EYE EXAM WITH TONOMETRY	25.00	18.10*	20.00	13.10*	66
67 EXTRACTION OF LENS	740.80*	976.60*	935.50*	877.10*	67
68 CHEST X-RAY - SINGLE VIEW	20.80*	29.00*	28.00	24.40*	68
69 CHEST X-RAY - TWO VIEWS	31.20*	42.30*	37.00	36.25*	69
70 X-RAY SPINE	56.75*	71.30*	71.00	67.00	70
71 X-RAY HIP	38.60*	55.50*	45.00	41.00	71
72 X-RAY UPPER GI TRACT	79.50*	97.60*	85.00*	95.50*	72
73 X-RAY COLON	68.10*	97.60*	72.70*	79.10*	73
74 RADIATION THERAPY-LOW VOLT	21.40*	26.00	21.40*	26.00	74
75 RADIATION THERAPY-SUPER VOLT	27.80*	44.60*	50.83	50.83	75
76 RADIATION THERAPY-MEGAVOLT	35.30*	55.00	55.00	55.00	76
77 CAT SCAN - HEAD	177.80*	285.90*	344.00	344.00	77
78 CAT SCAN - ABDOMEN	219.10*	381.40*	374.80*	386.00	78
79 THREE CHEMISTRY TESTS	8.80*	20.00	25.20	22.50	79
80 NINETEEN CHEMISTRY TESTS	17.60	17.00	22.00	25.00	80
81 CULTURE - OTHER THAN BLOOD	4.40*	17.00	25.00	18.00	81
82 HEMOGLOBIN	2.20*	2.20	2.20	2.20	82
83 AUTOMATED BLOOD COUNT	11.00*	8.00L	8.00L	9.00L	83
84 WHITE CELL COUNT	4.40*	3.00L	2.50L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)	6.00*	6.00L	6.00L	6.00L	85
86 CHOLESTEROL TEST	7.42L	5.50L	7.00L	6.00L	86
87 FLOCCULATION TEST					87
88 HEMATOCRIT	2.20*	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)	5.50	7.75	8.00	7.00	89
90 POTASSIUM TEST - BLOOD	5.50*	7.00	7.50	9.00	90
91 PROTHROMBIN TIME TEST	6.27L	6.95L	5.00L	6.00L	91
92 SEDIMENTATION RATE	4.40*	4.00L	5.00L	4.60L	92
93 BLOOD SUGAR	5.50*	5.00L	6.00L	5.00L	93
94 BUN-UREA - NITROGEN	6.60*	6.00L	6.50L	6.00L	94
95 URIC ACID	5.50*	6.00L	7.00L	6.00L	95
96 FECES-OCCULT BLOOD-SCREENING	5.00	3.00	5.00	4.00	96
97 PAP TEST	8.00L	7.00L	6.00L	5.00L	97
98 ROUTINE URINALYSIS	5.00L	4.00L	5.00L	3.50L	98
99 CHEMICAL URINALYSIS	2.80*	3.00L	3.00L	3.00L	99
100 PATHOLOGY - THREE SPECIMENS	44.00	30.00	42.00	42.00	100
101 ELEC MONITORING-PACEMAKER					101
102 DONOR NEPHRECTOMY-UNILATERAL					102
103 KIDNEY TRANSPLANT					103
104 HOSPITAL BED - RENTAL	50.00L	44.00L	40.00L	60.00L	104
105 WALKER - RENTAL	12.00	13.35	11.05	14.00	105
106 WHEELCHAIR - RENTAL	29.00L	28.00L	27.60L	25.00L	106
107 LIQUID OXYGEN - RENTAL	40.00	40.00	40.00	53.75	107
108 HOSPITAL BED - PURCHASE	300.00L	300.00L	300.00L	300.00L	108
109 WALKER - PURCHASE	38.25	48.30	40.00	40.00	109
110 WHEELCHAIR - PURCHASE	229.95L	225.00L	189.00L	265.00L	110

NORTH CAROLINA

NORTH CAROLINA



Two Localities:

Area 94 - Charlotte, Durhan, Greensboro, Winston-Salem, Raleigh, Asheville, Chapel Hill. (Locality determined by the city cited in the return address.)

Area 95 - All other cities not listed above and all rural areas.

1983 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NORTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	94	95	94	95	
1 INITIAL BRIEF OFFICE VISIT			27.30*	23.00	1
2 INITIAL LIMITED OFFICE VISIT	48.70*	40.00	58.50*	48.70*	2
3 INITIAL INTERMED OFFICE VISIT					3
4 INITIAL COMP OFFICE VISIT	69.00	45.00	85.00	65.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.90*	8.00	10.00	5.90*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	15.60*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.00	18.00	25.00	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	29.20*	17.50*	29.20*	23.40*	8
9 EXTENDED F/U OFFICE VISIT	25.00	20.00	48.70*	35.10*	9
10 COMP FOLLOWUP OFFICE VISIT	48.70	46.00	60.00	46.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT			25.00	25.00	12
13 INTERMDIATE F/U HOME VISIT					13
14 EXTENDED CARE FACILITY VISIT					14
15 BRIEF F/U NURSING HOME VISIT	13.60*	11.70*	15.60*	13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	29.20*	39.00*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT			68.20*	68.20*	17
18 INITIAL COMP HOSPITAL VISIT	85.00	58.50*	109.00	70.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT					19
20 LIMITED F/U HOSPITAL VISIT	28.00	19.50*	38.00	29.20*	20
21 INTERMED F/U HOSPITAL VISIT	14.60*	13.60*	19.50*	17.50*	21
22 EXTENDED F/U HOSPITAL VISIT			39.00*	35.00	22
23 BRIEF EMERGENCY ROOM VISIT			29.20*	19.50*	23
24 LIMITED EMERGENCY ROOM VISIT					24
25 INTERMED EMERGENCY ROOM VISIT					25
26 LIMITED CONSULTATION	29.20*	29.20*	29.20*	29.20*	26
27 EXTENSIVE CONSULTATION			68.20*	58.50*	27
28 COMPREHENSIVE CONSULTATION			95.50*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR			50.00	50.00	29
30 PSYCHOTHERAPY-HALF HOUR			35.00	35.00	30
31 CHIROPRACTIC OFFICE VISIT			13.60*	13.60*	31
32 INITIAL PHYSIOTHERAPY			23.40*	23.40*	32
33 F/U PODIATRIC OFFICE VISIT			15.00	15.00	33
34 ELECTROCARDIOGRAM (EKG)	25.00	25.00	27.00	26.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.60*P	12.00 P	13.00 P	13.60*P	35
36 SPIROMETRY			25.00	27.50	36
37 ELECTROENCEPHALOGRAM (EEG)			79.00	79.00	37
38 CHEMOTHERAPY			38.50	38.50	38
39 COLLECTION OF SPECIMENS			3.00	3.00	39
40 DEBRIDEMENT OF NAILS			13.60*	13.60*	40
41 SKIN BIOPSY			48.70*	38.00	41
42 CHEMOCAUTERY			19.50*	19.50*	42
43 RADICAL MASTECTOMY			920.00	818.60*	43
44 OPEN REDUCTION OF FRACTURE			1072.00*	935.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	21.40*	25.00	26.00	45
46 CORONARY ARTERY BYPASS			3900.00	3781.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE			2500.00	2160.00	47
48 NEEDLE PUNCTURE OF BURSA			19.50*	19.50*	48
49 BRONCHOSCOPY			233.90*	175.40*	49
50 THORACENTESIS			48.70*	41.50*	50
51 CATHERIZATION OF HEART			487.25*	487.25*	51
52 INSERTION OF PACEMAKER			1158.00	1000.00	52
53 PARTIAL COLECTOMY			1169.40*	935.50*	53
54 APPENDECTOMY	487.25*	487.25*	506.70*	487.25*	54
55 SIGMOIDOSCOPY			45.00	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA PRUDENTIAL INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

NORTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	94	95	94	95	
56 HEMORRHOIDECTOMY			480.00	350.80*	56
57 CHOLECYSTECTOMY			779.60*	701.60*	57
58 REPAIR HERNIA			487.25*	409.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	48.70	48.70	58.50*	58.50*	59
60 DILATION OF URETHRA			19.50*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC			1038.00	1038.00	61
62 ELECTROSECTION-PROSTATE (TUR)	1000.00	1000.00	1000.00	1000.00	62
63 HYSTERECTOMY			925.80*	818.60*	63
64 INITIAL COMPLETE EYE EXAM					64
65 COMPREHENSIVE EYE EXAM			28.00	28.00	65
66 EYE EXAM WITH TONOMETRY					66
67 EXTRACTION OF LENS	877.10*	877.10*	877.10*	877.10*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	19.50*	23.40*	23.40*	68
69 CHEST X-RAY - TWO VIEWS	27.00	29.20*	29.20*	29.20*	69
70 X-RAY SPINE			48.70*	48.70*	70
71 X-RAY HIP			29.20*	29.20*	71
72 X-RAY UPPER GI TRACT	58.50*	68.20*	58.50*	58.50*	72
73 X-RAY COLON			58.50*	58.50*	73
74 RADIATION THERAPY-LOW VOLT	29.20*	29.20*	29.20*	29.20*	74
75 RADIATION THERAPY-SUPER VOLT	29.20*	29.20*	29.20*	29.20*	75
76 RADIATION THERAPY-MEGAVOLT			29.20*	29.20*	76
77 CAT SCAN - HEAD			375.00	375.00	77
78 CAT SCAN - ABOOMEN			375.00	375.00	78
79 THREE CHEMISTRY TESTS			11.00	11.00	79
80 NINETEEN CHEMISTRY TESTS			21.00	21.00	80
81 CULTURE - OTHER THAN BLOOD			15.00	15.00	81
82 HEMOGLOBIN			3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT					83
84 WHITE CELL COUNT			3.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)			8.00L	8.00L	85
86 CHOLESTEROL TEST			6.00L	6.00L	86
87 FLOCCULATION TEST			8.00	8.00	87
88 HEMATOCRIT			3.00	3.00	88
89 PLATELET COUNT (REES-ECKER)			8.40	8.40	89
90 POTASSIUM TEST - BLOOD			8.00	8.00	90
91 PROTHROMBIN TIME TEST			6.00L	6.00L	91
92 SEDIMENTATION RATE			5.00L	5.00L	92
93 BLOOD SUGAR			5.00L	5.00L	93
94 BUN-UREA - NITROGEN			6.00L	6.00L	94
95 URIC ACID			7.00L	7.00L	95
96 FECES-OCCULT BLOOD-SCREENING			4.00	4.00	96
97 PAP TEST			7.00L	7.00L	97
98 ROUTINE URINALYSIS			4.00L	4.00L	98
99 CHEMICAL URINALYSIS			4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS			22.00	22.00	100
101 ELEC MONITORING-PACEMAKER			13.30	11.30	101
102 DONOR NEPHRECTOMY-UNILATERAL			1091.40*	1091.40*	102
103 KIDNEY TRANSPLANT			1046.00	1046.00	103
104 HOSPITAL BED - RENTAL			46.80L	46.80L	104
105 WALKER - RENTAL			10.00	10.00	105
106 WHEELCHAIR - RENTAL			20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL			33.21	33.21	107
108 HOSPITAL BED - PURCHASE			438.40L	438.40L	108
109 WALKER - PURCHASE			40.00	40.00	109
110 WHEELCHAIR - PURCHASE			280.00L	280.00L	110

NORTH DAKOTA

NORTH DAKOTA



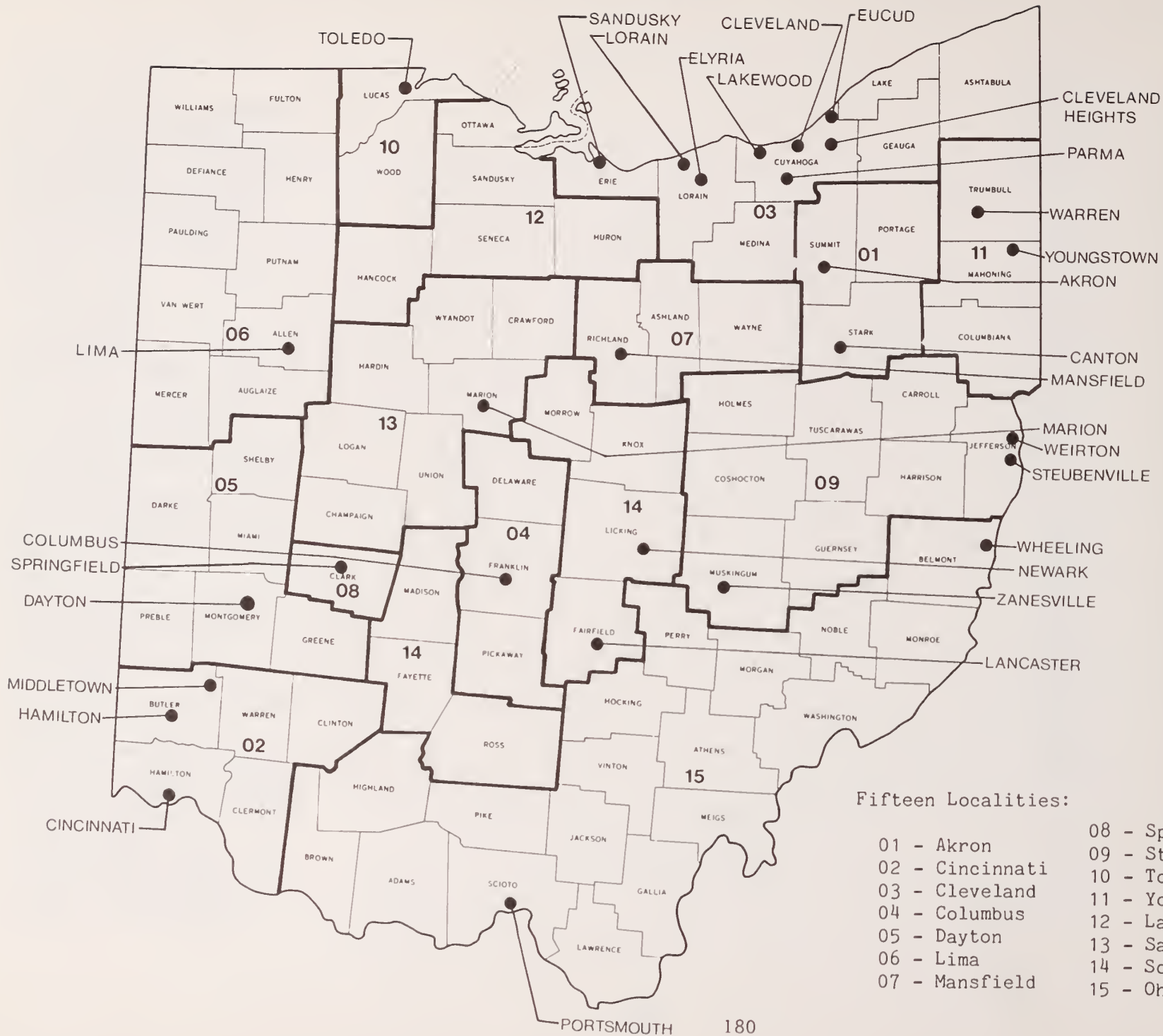
One Locality - Statewide

PROCEDURE DESCRIPTION	820	
1 INITIAL BRIEF OFFICE VISIT	19.60*	1
2 INITIAL LIMITED OFFICE VISIT	38.90*	2
3 INITIAL INTERMED OFFICE VISIT		3
4 INITIAL COMP OFFICE VISIT	51.50	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	19.60*	8
9 EXTENDED F/U OFFICE VISIT	35.10*	9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	20.00	11
12 LIMITED FOLLOWUP HOME VISIT	25.00	12
13 INTERMDIATE F/U HOME VISIT		13
14 EXTENDED CARE FACILITY VISIT	11.70*	14
15 BRIEF F/U NURSING HOME VISIT	11.70	15
16 INITIAL BRIEF HOSPITAL VISIT	46.80*	16
17 INIT INTERMED HOSPITAL VISIT	63.40*	17
18 INITIAL COMP HOSPITAL VISIT	93.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	23.40*	20
21 INTERMED F/U HOSPITAL VISIT		21
22 EXTENDED F/U HOSPITAL VISIT	46.80*	22
23 BRIEF EMERGENCY ROOM VISIT	20.60*	23
24 LIMITED EMERGENCY ROOM VISIT	33.30*	24
25 INTERMED EMERGENCY ROOM VISIT		25
26 LIMITED CONSULTATION	35.10*	26
27 EXTENSIVE CONSULTATION	63.40*	27
28 COMPREHENSIVE CONSULTATION	87.50*	28
29 PSYCHOTHERAPY-ONE HOUR	88.20*	29
30 PSYCHOTHERAPY-HALF HOUR	42.10*	30
31 CHIROPRACTIC OFFICE VISIT	14.70*	31
32 INITIAL PHYSIOTHERAPY	11.70*	32
33 F/U PODIATRIC OFFICE VISIT		33
34 ELECTROCARDIOGRAM (EKG)	34.80*	34
35 EKG-INTERPRET AND REPORT ONLY	17.10*P	35
36 SPIROMETRY	26.00	36
37 ELECTROENCEPHALOGRAM (EEG)	78.20*	37
38 CHEMOTHERAPY	17.60*	38
39 COLLECTION OF SPECIMENS	3.00	39
40 DEBRIDEMENT OF NAILS	30.80	40
41 SKIN BIOPSY	35.10*	41
42 CHEMOCAUTERY	23.40*	42
43 RADICAL MASTECTOMY	846.00*	43
44 OPEN REDUCTION OF FRACTURE	935.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	33.30*	45
46 CORONARY ARTERY BYPASS	3314.10*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1753.70*	47
48 NEEDLE PUNCTURE OF BURSA	23.40*	48
49 BRONCHOSCOPY	194.90*	49
50 THORACENTESIS	35.10*	50
51 CATHERIZATION OF HEART	414.80*	51
52 INSERTION OF PACEMAKER	1140.00	52
53 PARTIAL COLECTOMY	935.40*	53
54 APPENDECTOMY	467.50*	54
55 SIGMOIDOSCOPY	35.10*	55

PROCEDURE DESCRIPTION	820	
56 HEMORRHOIDECTOMY	350.00*	56
57 CHOLECYSTECTOMY	701.60*	57
58 REPAIR HERNIA	428.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	59
60 DILATION OF URETHRA	35.10*	60
61 PROSTATECTOMY - SUPRAPUBIC	935.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	935.40*	62
63 HYSTERECTOMY	818.50*	63
64 INITIAL COMPLETE EYE EXAM	22.00	64
65 COMPREHENSIVE EYE EXAM		65
66 EYE EXAM WITH TONOMETRY	25.00	66
67 EXTRACTION OF LENS	876.90*	67
68 CHEST X-RAY - SINGLE VIEW	21.75*	68
69 CHEST X-RAY - TWO VIEWS	35.10*	69
70 X-RAY SPINE	32.20*	70
71 X-RAY HIP	38.90*	71
72 X-RAY UPPER GI TRACT	76.20*	72
73 X-RAY COLON	62.30*	73
74 RADIATION THERAPY-LOW VOLT	16.95*	74
75 RADIATION THERAPY-SUPER VOLT	25.00	75
76 RADIATION THERAPY-MEGAVOLT		76
77 CAT SCAN - HEAD	265.50	77
78 CAT SCAN - ABDOMEN	58.25*P	78
79 THREE CHEMISTRY TESTS	35.50	79
80 NINETEEN CHEMISTRY TESTS	28.00	80
81 CULTURE - OTHER THAN BLOOD	13.75	81
82 HEMOGLOBIN	5.00L	82
83 AUTOMATED BLOOD COUNT	16.70	83
84 WHITE CELL COUNT	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)	14.50L	85
86 CHOLESTEROL TEST	10.00L	86
87 FLOCCULATION TEST	5.50	87
88 HEMATOCRIT	5.00L	88
89 PLATELET COUNT (REES-ECKER)	8.25	89
90 POTASSIUM TEST - BLOOD	12.00	90
91 PROTHROMBIN TIME TEST	7.75L	91
92 SEDIMENTATION RATE	6.00L	92
93 BLOOD SUGAR	10.00L	93
94 BUN-UREA - NITROGEN	10.00L	94
95 URIC ACID	10.00L	95
96 FECES-OCCULT BLOOD-SCREENING	5.50	96
97 PAP TEST	5.00L	97
98 ROUTINE URINALYSIS	6.00L	98
99 CHEMICAL URINALYSIS	4.00	99
100 PATHOLOGY - THREE SPECIMENS	25.50	100
101 ELEC MONITORING-PACEMAKER	12.10*	101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	48.70	104
105 WALKER - RENTAL	5.20	105
106 WHEELCHAIR - RENTAL	25.00	106
107 LIQUID OXYGEN - RENTAL		107
108 HOSPITAL BED - PURCHASE	625.00L	108
109 WALKER - PURCHASE	67.00	109
110 WHEELCHAIR - PURCHASE	395.00	110

OHIO

OHIO



Fifteen Localities:

- | | |
|-----------------|----------------------|
| 01 - Akron | 08 - Springfield |
| 02 - Cincinnati | 09 - Steubenville |
| 03 - Cleveland | 10 - Toledo |
| 04 - Columbus | 11 - Youngstown |
| 05 - Dayton | 12 - Lake Plains |
| 06 - Lima | 13 - Sandusky Valley |
| 07 - Mansfield | 14 - Scioto Valley |
| | 15 - Ohio Valley |

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					19.50*	17.50*	19.50*	19.50*	1
2 INITIAL LIMITED OFFICE VISIT	15.60*	13.60*	13.60*	13.60*	19.50*	17.50*	19.50*	19.50*	2
3 INITIAL INTERMED OFFICE VISIT					29.20*	29.20*	19.50*	29.20*	3
4 INITIAL COMP OFFICE VISIT	55.00	40.00	55.00	50.00	68.20*	65.00	68.20*	60.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.80*	5.80*	5.00	6.00	5.00	7.80*	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.60*	13.60*	13.60*	13.60*	19.50*	17.50*	19.50*	19.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.60*	13.60*	13.60*	13.60*	19.50*	17.50*	19.50*	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.60*	13.60*	13.60*	13.60*	19.50*	17.50*	19.50*	19.50*	8
9 EXTENDED F/U OFFICE VISIT	23.40*	22.00	17.00*	19.50*	29.20*	29.20*	19.50*	29.20*	9
10 COMP FOLLOWUP OFFICE VISIT	55.00	40.00	55.00	50.00	68.20*	65.00	68.20*	60.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	23.40*	23.40*	23.40*	27.30*	19.50*	23.40*	11
12 LIMITED FOLLOWUP HOME VISIT					23.40*	27.30*	19.50*	23.40*	12
13 INTERMEDIATE F/U HOME VISIT	23.40*	19.50*	23.40*	23.40*	23.40*	27.30*	19.50*	23.40*	13
14 EXTENDED CARE FACILITY VISIT					19.50*	19.50*	19.50*	19.50*	14
15 BRIEF F/U NURSING HOME VISIT	20.00	19.50*	19.50*	19.50*	19.50*	17.50*	19.50*	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	29.20*	39.00*	48.70*	48.70*	48.70*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					58.50*	68.20*	58.50*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	48.70*	48.70*	58.50*	68.20*	58.50*	58.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	17.50*	15.60*	15.60*	17.50*	19.50*	19.50*	19.50*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	17.50*	15.60*	15.60*	17.50*	19.50*	19.50*	19.50*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	29.20*	39.00*	48.70*	48.70*	48.70*	48.70*	48.70*	21
22 EXTENDED F/U HOSPITAL VISIT					48.70*	48.70*	48.70*	48.70*	22
23 BRIEF EMERGENCY ROOM VISIT					39.00*	29.20*	29.20*	23.40*	23
24 LIMITED EMERGENCY ROOM VISIT					39.00*	29.20*	29.20*	23.40*	24
25 INTERMED EMERGENCY ROOM VISIT					39.00*	29.20*	29.20*	23.40*	25
26 LIMITED CONSULTATION	50.00	55.00	65.00	68.20*	68.20*	68.20*	68.20*	68.20*	26
27 EXTENSIVE CONSULTATION					68.20*	68.20*	68.20*	68.20*	27
28 COMPREHENSIVE CONSULTATION					74.10*	74.10*	74.10*	74.10*	28
29 PSYCHOTHERAPY-ONE HOUR					55.00	60.00	60.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	35.00	40.00	45.00	30
31 CHIROPRACTIC OFFICE VISIT	17.50*	17.00	18.00	15.00	13.60*	13.60*	13.60*	13.60*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					15.60*	15.60*	19.50*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	25.00	29.20*	29.20*	29.20*	25.00	29.20*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	13.60*	11.70*	25.00	15.00	11.70*	10.00*	14.60*	10.00*	35
36 SPIROMETRY					40.00	35.00	35.00	55.00	36
37 ELECTROENCEPHALOGRAM (EEG)					78.00*	78.00*	78.00*	78.00*	37
38 CHEMOTHERAPY					21.30*	19.50*	26.80*	26.80*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					19.50*	19.50*	19.50*	19.50*	40
41 SKIN BIOPSY					48.70*	40.00	68.20*	29.20*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					1050.00	995.90*	980.00	941.40*	43
44 OPEN REDUCTION OF FRACTURE					935.50*	974.50*	974.50*	877.10*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	25.00	29.20*	29.20*	29.20*	29.20*	45
46 CORONARY ARTERY BYPASS					4163.10*	2750.00	4325.00	3974.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2880.00	2800.00	3000.00	3373.70*	47
48 NEEDLE PUNCTURE OF BURSA					20.40*	19.50*	19.50*	19.50*	48
49 BRONCHOSCOPY					250.00	194.90*	243.60*	214.40*	49
50 THORACENTESIS					39.00*	39.00*	50.00*	39.00*	50
51 CATHETERIZATION OF HEART					650.00	650.00	650.00	650.00	51
52 INSERTION OF PACEMAKER					974.50*	1100.00	974.50*	1100.00	52
53 PARTIAL COLECTOMY					974.50*	1169.40*	1072.00*	1169.40*	53
54 APPENDECTOMY					487.25*	487.25*	487.25*	487.25*	54
55 SIGMOIDOSCOPY					48.70*	48.70*	48.70*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					450.00	450.00	450.00	450.00	56
57 CHOLECYSTECTOMY					779.60*	779.60*	779.60*	779.60*	57
58 REPAIR HERNIA					487.25*	487.25*	487.25*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	68.20*	68.20*	90.00	68.20*	68.20*	68.20*	97.50*	68.20*	59
60 DILATION OF URETHRA					19.50*	19.50*	29.20*	23.00	60
61 PROSTATECTOMY - SUPRAPUBIC					877.10*	974.50*	974.50*	1072.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	682.20*	682.20*	682.20*	682.20*	877.10*	877.10*	877.10*	877.10*	62
63 HYSTERECTOMY					877.10*	877.10*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM					28.00	30.00	32.00	30.00	64
65 COMPREHENSIVE EYE EXAM					28.00	30.00	32.00	30.00	65
66 EYE EXAM WITH TONOMETRY					18.00	29.20*	29.20*	25.00	66
67 EXTRACTION OF LENS	779.60*	974.50*	974.50*	828.30*	779.60*	974.50*	974.50*	828.30*	67
68 CHEST X-RAY - SINGLE VIEW	19.50*	23.40*	19.50*	19.50*	18.00*	30.00	15.00*	23.40*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	29.20*	29.20*	31.20*	32.00	35.10*	29.20*	69
70 X-RAY SPINE					25.00*	39.00*	39.00*	39.00*	70
71 X-RAY HIP					35.10*	30.00	48.70*	29.20*	71
72 X-RAY UPPER GI TRACT	48.70*	48.70*	48.70*	48.70*	68.20*	58.50*	58.50*	68.20*	72
73 X-RAY COLON					35.00*	58.50*	68.20*	58.50*	73
74 RADIATION THERAPY-LOW VOLT	24.40*	30.00	24.40*	29.20*	24.40*	39.00*	24.40*	29.20*	74
75 RADIATION THERAPY-SUPER VOLT	48.70*	35.00	32.40*	29.20*	48.70*	39.00*	32.40*	29.20*	75
76 RADIATION THERAPY-MEGAVOLT					40.00	40.00	37.00*	40.00	76
77 CAT SCAN - HEAD					218.30*	325.00	310.00	325.00	77
78 CAT SCAN - ABDOMEN					272.70*	450.00	394.00*	420.00*	78
79 THREE CHEMISTRY TESTS					1.20	1.30	1.40	1.25	79
80 NINETEEN CHEMISTRY TESTS					1.20	1.30	1.40	1.25	80
81 CULTURE - OTHER THAN BLOOD					3.00	2.00	3.00	3.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.00	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST					6.00L	6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST					8.50	10.00	7.50	5.50	87
88 HEMATOCRIT					3.00	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					6.00	10.00	8.00	8.00	89
90 POTASSIUM TEST - BLOOD					8.00	10.00	9.00	8.00	90
91 PROTHROMBIN TIME TEST					6.00L	6.00L	6.00L	6.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.50L	5.50L	5.50L	5.50L	94
95 URIC ACID					6.60L	6.60L	6.60L	6.60L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	5.00	96
97 PAP TEST					7.00L	7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					3.50	4.00	5.00	1.75	99
100 PATHOLOGY - THREE SPECIMENS					25.00	16.00	24.00	23.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1350.00	1350.00	1350.00	1321.40*	102
103 KIDNEY TRANSPLANT					2101.00*	2483.00*	2752.00*	2483.00*	103
104 HOSPITAL BED - RENTAL					40.00	48.40L	57.50	40.00	104
105 WALKER - RENTAL					9.00	23.18	15.75	15.00	105
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	60.00	62.00	107
108 HOSPITAL BED - PURCHASE					496.14L	496.14L	496.14L	496.14L	108
109 WALKER - PURCHASE					48.44	55.00	57.45	52.70	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
1 INITIAL BRIEF OFFICE VISIT					19.50*	13.60*	13.60*	15.60*	1
2 INITIAL LIMITED OFFICE VISIT	13.60*	11.70*	11.70*	11.70*	19.50*	13.60*	13.60*	15.60*	2
3 INITIAL INTERMED OFFICE VISIT					25.00	22.00*	20.00	19.50*	3
4 INITIAL COMP OFFICE VISIT	50.00	40.00	30.00	30.00	72.00	58.50*	58.50*	75.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	6.00	4.00	5.00	5.00	4.00	7.50	5.00	7.50	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	11.70*	11.70*	19.50*	13.60*	13.60*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	11.70*	11.70*	11.70*	19.50*	13.60*	13.60*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	13.60*	11.70*	11.70*	11.70*	19.50*	13.60*	13.60*	15.60*	8
9 EXTENDED F/U OFFICE VISIT	19.50*	15.00	18.00	20.00	25.00	22.00*	20.00	19.50*	9
10 COMP FOLLOWUP OFFICE VISIT	50.00	40.00	30.00	30.00	72.00	58.50*	58.50*	75.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	15.00	22.50	25.00	29.20*	23.40*	20.00	11
12 LIMITED FOLLOWUP HOME VISIT					25.00	29.20*	23.40*	20.00	12
13 INTERMDIATE F/U HOME VISIT	19.50*	19.50*	15.00	22.50	25.00	29.20*	23.40*	20.00	13
14 EXTENDED CARE FACILITY VISIT					20.00	15.60*	15.60*	15.60*	14
15 BRIEF F/U NURSING HOME VISIT	16.00	15.00	19.50*	19.50*	19.50*	13.60*	13.60*	15.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	31.20*	29.20*	35.00	58.50*	58.50*	48.70*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT					77.00	58.50*	58.50*	68.20*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	48.70*	48.70*	77.00	58.50*	58.50*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	11.70*	13.60*	13.60*	23.40*	15.60*	15.60*	15.60*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	11.70*	13.60*	13.60*	23.40*	15.60*	15.60*	15.60*	20
21 INTERMED F/U HOSPITAL VISIT	39.00*	31.20*	29.20*	35.00	58.50*	58.50*	48.70*	39.00*	21
22 EXTENDED F/U HOSPITAL VISIT					58.50*	58.50*	48.70*	39.00*	22
23 BRIEF EMERGENCY ROOM VISIT					23.40*	29.20*	27.30*	21.40*	23
24 LIMITED EMERGENCY ROOM VISIT					23.40*	29.20*	27.30*	21.40*	24
25 INTERMED EMERGENCY ROOM VISIT					23.40*	29.20*	27.30*	21.40*	25
26 LIMITED CONSULTATION	39.00*	68.20*	50.00	29.20*	85.00	68.20*	58.50*	60.00	26
27 EXTENSIVE CONSULTATION					85.00	68.20*	58.50*	60.00	27
28 COMPREHENSIVE CONSULTATION					90.00	74.10*	62.40*	74.10*	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	60.00	50.00	55.00	29
30 PSYCHOTHERAPY-HALF HOUR					37.50	40.00	35.00	26.00	30
31 CHIROPRACTIC OFFICE VISIT	17.50*	12.00	13.60*	15.60*	13.60*	12.00	13.60*	13.60*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					13.60*	15.60*	13.60*	13.60*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	25.00	29.20*	30.00	29.20*	25.00	27.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.60*	9.70*	14.60*	9.70*	11.00*	15.00	14.60*	9.70*	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					78.00*	78.00*	78.00*	78.00*	37
38 CHEMOTHERAPY					19.00	19.50*	19.50*	19.50*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					19.50*	19.50*	19.50*	19.50*	40
41 SKIN BIOPSY					48.70*	48.70*	48.70*	48.70*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					927.70*	975.00	845.00	900.40*	43
44 OPEN REDUCTION OF FRACTURE					974.50*	974.50*	779.60*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	25.00	29.20*	29.20*	29.20*	29.20*	45
46 CORONARY ARTERY BYPASS					4000.00	4325.00	3469.20*	3720.60*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2700.00	2518.00	2249.10*	2654.50*	47
48 NEEDLE PUNCTURE OF BURSA					19.50*	19.50*	19.50*	19.50*	48
49 BRONCHOSCOPY					194.90*	194.90*	194.90*	194.90*	49
50 THORACENTESIS					39.00*	39.00*	39.00*	39.00*	50
51 CATHETERIZATION OF HEART					650.00	650.00	650.00	650.00	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					974.50*	1461.75*	974.50*	850.00	53
54 APPENDECTOMY					487.25*	487.25*	487.25*	487.25*	54
55 SIGMOIDOSCOPY					48.70*	68.20*	48.70*	40.00	55

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	05	06	07	08	05	06	07	08	
56 HEMORRHOIDECTOMY					450.00	450.00	450.00	450.00	56
57 CHOLECYSTECTOMY					682.20*	847.80*	633.40*	650.00	57
58 REPAIR HERNIA					438.50*	526.20*	389.80*	438.50*	58
59 OIAGNOSTIC CYSTOURETHROSCOPY	97.50*		97.50*		97.50*	48.70*	97.50*	68.20*	59
60 OILATION OF URETHRA					18.00	19.50*	19.50*	25.00*	60
61 PROSTATECTOMY - SUPRAPUBIC					1013.50*	935.50*	935.50*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	682.20*	682.20*	682.20*	682.20*	1013.50*	779.60*	779.60*	779.60*	62
63 HYSTERECTOMY					877.10*	877.10*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM					30.00	28.00	31.20*	29.20*	64
65 COMPREHENSIVE EYE EXAM					30.00	28.00	31.20*	29.20*	65
66 EYE EXAM WITH TONOMETRY					20.00	10.00	25.00	19.50*	66
67 EXTRACTION OF LENS	779.60*	682.20*	779.60*	682.20*	779.60*	779.60*	779.60*	682.20*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	23.40*	23.40*	23.40*	15.00*	14.60*	14.00	11.70*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	29.20*	29.20*	29.20*	35.10*	20.00	35.10*	69
70 X-RAY SPINE					29.20*	39.00*	19.50*	39.00*	70
71 X-RAY HIP					30.00	35.10*	35.10*	35.10*	71
72 X-RAY UPPER GI TRACT	48.70*	48.70*	48.70*	48.70*	58.50*	68.20*	68.20*	68.20*	72
73 X-RAY COLON					58.50*	58.50*	48.70*	58.50*	73
74 RAOIATION THERAPY-LOW VOLT	25.00	24.40*	24.40*	24.40*	29.20*	24.40*	24.40*	24.40*	74
75 RAOIATION THERAPY-SUPER VOLT	20.00	35.10*	35.10*	35.10*	29.20*	35.10*	35.10*	35.10*	75
76 RADIATION THERAPY-MEGAVOLT					40.00	40.00	40.00	40.00	76
77 CAT SCAN - HEAD					269.00*	263.10*	231.90*	198.80*	77
78 CAT SCAN - ABDOMEN					338.90*	331.50*	272.70*	235.80*	78
79 THREE CHEMISTRY TESTS					2.00	1.80	.90	1.20	79
80 NINETEEN CHEMISTRY TESTS					2.00	1.80	.90	1.20	80
81 CULTURE - OTHER THAN BLOOD					3.00	3.00	3.00	3.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST					6.00L	6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST					8.00	8.00	10.00	8.00	87
88 HEMATOCRIT					3.00L	3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	9.00	5.75	12.00	89
90 POTASSIUM TEST - BLOOD					9.50	10.00	8.00	10.00	90
91 PROTHROMBIN TIME TEST					6.00L	6.00L	6.00	6.00	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.50L	5.50L	5.50L	5.00	94
95 URIC ACIO					6.60L	6.60L	6.60L	6.60L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	3.70	3.00	9.00	96
97 PAP TEST					7.00L	7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00	4.00L	98
99 CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					21.75	15.00	20.00	24.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1350.00	1350.00	1153.80*	1237.60*	102
103 KIDNEY TRANSPLANT					2943.00*	2025.00*	2179.00*	2331.00*	103
104 HOSPITAL BED - RENTAL					49.95	48.40L	55.00	47.95	104
105 WALKER - RENTAL					9.00	16.00	18.52	16.00	105
106 WHEELCHAIR - RENTAL					20.00	20.00L	20.00L	19.95	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					496.14L	496.14L	496.14L	496.14L	108
109 WALKER - PURCHASE					57.45	48.44	55.20	36.68	109
110 WHEELCHAIR - PURCHASE					250.00L	248.47	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
1 INITIAL BRIEF OFFICE VISIT					15.60*	19.50*	15.60*	13.60*	1
2 INITIAL LIMITED OFFICE VISIT	11.70*	15.60*	15.60*	11.70*	15.60*	19.50*	15.60*	13.60*	2
3 INITIAL INTERMED OFFICE VISIT					29.20*	25.00	25.00	19.50*	3
4 INITIAL COMP OFFICE VISIT	39.00*	50.00	50.00	40.00	45.00	58.50*	50.00	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	4.00	7.80*	5.00	3.00	5.00	4.00	7.80*	3.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	15.60*	15.60*	11.70*	15.60*	19.50*	15.60*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	11.70*	15.60*	15.60*	11.70*	15.60*	19.50*	15.60*	13.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	11.70*	15.60*	15.60*	11.70*	15.60*	19.50*	15.60*	13.60*	8
9 EXTENDED F/U OFFICE VISIT	20.00	20.00	19.50*	17.00	29.20*	25.00	25.00	19.50*	9
10 COMP FOLLOWUP OFFICE VISIT	39.00*	50.00	50.00	40.00	45.00	58.50*	50.00	40.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	23.40*	23.40*	19.50*	20.00	23.40*	23.40*	15.00	11
12 LIMITED FOLLOWUP HOME VISIT					20.00	23.40*	23.40*	15.00	12
13 INTERMEDIATE F/U HOME VISIT	19.50*	23.40*	23.40*	19.50*	20.00	23.40*	23.40*	15.00	13
14 EXTENDED CARE FACILITY VISIT					14.00	19.50*	15.00	17.50*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	19.50*	20.00	11.70*	15.60*	19.50*	15.60	13.60	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	29.20*	29.20*	39.00*	48.70*	48.70*	39.00*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT					48.70*	48.70*	48.70*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	39.00*	48.70*	48.70*	48.70*	48.70*	48.70*	48.70*	48.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	15.60*	15.60*	13.60*	19.50*	19.50*	15.60*	17.50*	19
20 LIMITED F/U HOSPITAL VISIT	11.70*	15.60*	15.60*	13.60*	19.50*	19.50*	15.60*	17.50*	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	29.20*	29.20*	39.00*	48.70*	48.70*	39.00*	39.00*	21
22 EXTENDED F/U HOSPITAL VISIT					48.70*	48.70*	39.00*	39.00*	22
23 BRIEF EMERGENCY ROOM VISIT					30.00	20.50*	29.20*	29.20*	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	20.50*	29.20*	29.20*	24
25 INTERMED EMERGENCY ROOM VISIT					30.00	20.50*	29.20*	29.20*	25
26 LIMITED CONSULTATION	48.70*	48.70*	50.00	40.00	48.70*	68.20*	68.20*	58.50*	26
27 EXTENSIVE CONSULTATION					48.70*	68.20*	68.20*	58.50*	27
28 COMPREHENSIVE CONSULTATION					52.60*	74.10*	74.10*	62.40*	28
29 PSYCHOTHERAPY-ONE HOUR					40.00	55.00	50.00	60.00	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	40.00	40.00	23.00	30
31 CHIROPRACTIC OFFICE VISIT	13.60*	15.00	15.00	13.60*	13.60*	13.60*	13.60*	13.60*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					13.60*	15.60*	15.60*	13.60*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	29.20*	35.00	29.20*	29.20*	29.20*	35.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.00*	15.00	14.60*	15.00	15.00	10.00*	19.50*	9.70*	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					78.00*	78.00*	78.00*	78.00*	37
38 CHEMOTHERAPY					19.50*	19.50*	19.50*	15.00	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					19.50*	19.50*	19.50*	19.50*	40
41 SKIN BIOPSY					48.70*	48.70*	48.70*	48.70*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					845.90*	1009.60*	980.00	886.80*	43
44 OPEN REDUCTION OF FRACTURE					974.50*	877.10*	877.10*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	25.00	29.20*	29.20*	29.20*	29.20*	45
46 CORONARY ARTERY BYPASS					3847.30*	4287.80*	4200.00	3909.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE					3000.00	2600.00	2900.00	1800.90*	47
48 NEEDLE PUNCTURE OF BURSA					19.50*	19.50*	19.50*	19.50*	48
49 BRONCHOSCOPY					194.90*	194.90*	194.90*	194.90*	49
50 THORACENTESIS					39.00*	39.00*	39.00*	39.00*	50
51 CATHETERIZATION OF HEART					650.00	650.00	650.00	650.00	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					828.30*	974.50*	974.50*	974.50*	53
54 APPENDECTOMY					487.25*	487.25*	487.25*	487.25*	54
55 SIGMOIDOSCOPY					39.00*	48.70*	50.00	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
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OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	09	10	11	12	09	10	11	12	
56 HEMORRHOIDECTOMY					450.00	450.00	450.00	450.00	56
57 CHOLECYSTECTOMY					682.20*	779.60*	877.10*	682.20*	57
58 REPAIR HERNIA					360.60*	438.50*	487.25*	425.00	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		97.50*	146.20*	48.70*	48.70*	97.50*	146.20*	48.70*	59
60 DILATION OF URETHRA					15.00	20.00	20.00	24.50*	60
61 PROSTATECTOMY - SUPRAPUBIC					779.60*	935.50*	974.50*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	682.20*	682.20*	682.20*	682.20*	779.60*	974.50*	935.50*	779.60*	62
63 HYSTERECTOMY					877.10*	877.10*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM					24.00	35.00	28.00	28.80	64
65 COMPREHENSIVE EYE EXAM					24.00	35.00	28.00	28.80	65
66 EYE EXAM WITH TONOMETRY					25.00	20.00	23.40*	27.00	66
67 EXTRACTION OF LENS	779.60*	877.10*	877.10*	682.20*	779.60*	877.10*	877.10*	682.20*	67
68 CHEST X-RAY - SINGLE VIEW	15.00*	23.40*	23.40*	23.40*	15.00*	12.00*	32.00	14.60*	68
69 CHEST X-RAY - TWO VIEWS	39.00*	29.20*	37.00	29.20*	29.20*	29.20*	35.10*	35.10*	69
70 X-RAY SPINE					20.00*	33.10*	20.00*	39.00*	70
71 X-RAY HIP					35.10*	33.10*	35.10*	35.10*	71
72 X-RAY UPPER GI TRACT	48.70*	48.70*	48.70*	48.70*	58.50*	35.10*	78.00*	68.20*	72
73 X-RAY COLON					58.50*	38.00*	68.20*	58.50*	73
74 RADIATION THERAPY-LOW VOLT	24.40*	19.50*	19.50*	22.20*	24.40*	19.50*	19.50*	22.20*	74
75 RADIATION THERAPY-SUPER VOLT	29.20*	35.10*	29.20*	25.90*	29.20*	35.10*	29.20*	25.90*	75
76 RADIATION THERAPY-MEGAVOLT					35.10*	40.00	35.10*	31.20*	76
77 CAT SCAN - HEAD					237.80*	224.10*	325.00	325.00	77
78 CAT SCAN - ABDOMEN					316.70*	272.70*	450.00	442.00*	78
79 THREE CHEMISTRY TESTS					2.00	1.10	1.70	1.30	79
80 NINETEEN CHEMISTRY TESTS					2.00	1.10	1.70	1.30	80
81 CULTURE - OTHER THAN BLOOD					3.00	3.00	3.00	3.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	9.00L	9.00	85
86 CHOLESTEROL TEST					6.00L	6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST					8.00	5.00	7.00	8.00	87
88 HEMATOCRIT					3.00L	3.00	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)					8.00	7.00	15.00	5.00	89
90 POTASSIUM TEST - BLOOD					9.00	7.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					6.00L	5.00	6.00L	6.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00	92
93 BLOOD SUGAR					5.00L	5.00	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.50L	5.00	5.50L	5.50L	94
95 URIC ACID					6.60L	6.60L	6.60L	6.60L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	4.00	6.00	6.00	96
97 PAP TEST					7.00L	7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					50.00	25.00	36.00	15.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1280.50*	1350.00	1350.00	1301.90*	102
103 KIDNEY TRANSPLANT					2255.00*	2904.00*	2904.00*	1643.00*	103
104 HOSPITAL BED - RENTAL					69.00	48.40L	63.30	44.46	104
105 WALKER - RENTAL					15.00	16.00	18.46	8.50	105
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					496.14L	496.14L	496.14L	496.14L	108
109 WALKER - PURCHASE					59.58	44.45	57.44	57.45	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	13	14	15	
1 INITIAL BRIEF OFFICE VISIT				17.00	19.50*	13.60*	1
2 INITIAL LIMITED OFFICE VISIT	11.70*	11.70*	11.70*	17.00	19.50*	13.60*	2
3 INITIAL INTERMED OFFICE VISIT				25.00	25.00	24.00	3
4 INITIAL COMP OFFICE VISIT	25.00	45.00	50.00	56.00	55.00	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	3.00	3.00	5.00	4.00	5.00	4.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	11.70*	11.70*	17.00	19.50*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	11.70*	11.70*	11.70*	17.00	19.50*	13.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	11.70*	11.70*	11.70*	17.00	19.50*	13.60*	8
9 EXTENDED F/U OFFICE VISIT	19.50*	20.00	18.00	25.00	25.00	24.00	9
10 COMP FOLLOWUP OFFICE VISIT	25.00	45.00	50.00	56.00	55.00	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	19.50*	19.50*	19.50*	13.60*	11
12 LIMITED FOLLOWUP HOME VISIT				19.50*	19.50*	13.60*	12
13 INTERMDIATE F/U HOME VISIT	19.50*	19.50*	19.50*	19.50*	19.50*	13.60*	13
14 EXTENDED CARE FACILITY VISIT				16.00	19.50*	16.00*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	15.60*	11.70*	16.00	19.50*	13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	29.20*	29.20*	48.70*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT				65.00	48.70*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	44.00	65.00	48.70*	58.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	11.70*	13.60*	15.60*	19.50*	15.60*	19
20 LIMITED F/U HOSPITAL VISIT	11.70*	11.70*	13.60*	15.60*	19.50*	15.60*	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	29.20*	29.20*	48.70*	48.70*	48.70*	21
22 EXTENDED F/U HOSPITAL VISIT				48.70*	48.70*	48.70*	22
23 BRIEF EMERGENCY ROOM VISIT				25.00	29.20*	19.50*	23
24 LIMITED EMERGENCY ROOM VISIT				25.00	29.20*	19.50*	24
25 INTERMED EMERGENCY ROOM VISIT				25.00	29.20*	19.50*	25
26 LIMITED CONSULTATION	65.00	60.00	39.00*	68.00	58.50*	48.70*	26
27 EXTENSIVE CONSULTATION				68.00	58.50*	48.70*	27
28 COMPREHENSIVE CONSULTATION				74.10*	62.40*	52.60*	28
29 PSYCHOTHERAPY-ONE HOUR				60.00	60.00	75.00	29
30 PSYCHOTHERAPY-HALF HOUR				40.00	40.00	40.00	30
31 CHIROPRACTIC OFFICE VISIT	12.00	14.00	15.60*	12.00	13.60*	13.60*	31
32 INITIAL PHYSIOTHERAPY							32
33 F/U PODIATRIC OFFICE VISIT				13.60*	15.60*	12.00	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	30.00	30.00	29.20*	25.00	25.30*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	15.00	15.00	15.00	35
36 SPIROMETRY				35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)				78.00*	78.00*	78.00*	37
38 CHEMOTHERAPY				19.50*	19.50*	19.50*	38
39 COLLECTION OF SPECIMENS				3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS				19.50*	19.50*	19.50*	40
41 SKIN BIOPSY				48.70*	48.70*	35.00	41
42 CHEMOCAUTERY				30.00	30.00	30.00	42
43 RADICAL MASTECTOMY				736.70*	873.20*	800.00	43
44 OPEN REDUCTION OF FRACTURE				974.50*	974.50*	974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	29.20*	29.20*	29.20*	45
46 CORONARY ARTERY BYPASS				4225.40*	3847.30*	3909.70*	46
47 TOTAL ARTIFICIAL HIP REPLACE				2000.00	2088.00	2300.00	47
48 NEEDLE PUNCTURE OF BURSA				19.50*	19.50*	19.50*	48
49 BRONCHOSCOPY				194.90*	194.90*	194.90*	49
50 THORACENTESIS				39.00*	39.00*	39.00*	50
51 CATHETERIZATION OF HEART				650.00	650.00	650.00	51
52 INSERTION OF PACEMAKER				1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY				974.50*	974.50*	877.10*	53
54 APPENDECTOMY				487.25*	487.25*	487.25*	54
55 SIGMOIDOSCOPY				29.20*	39.00*	29.20*	55

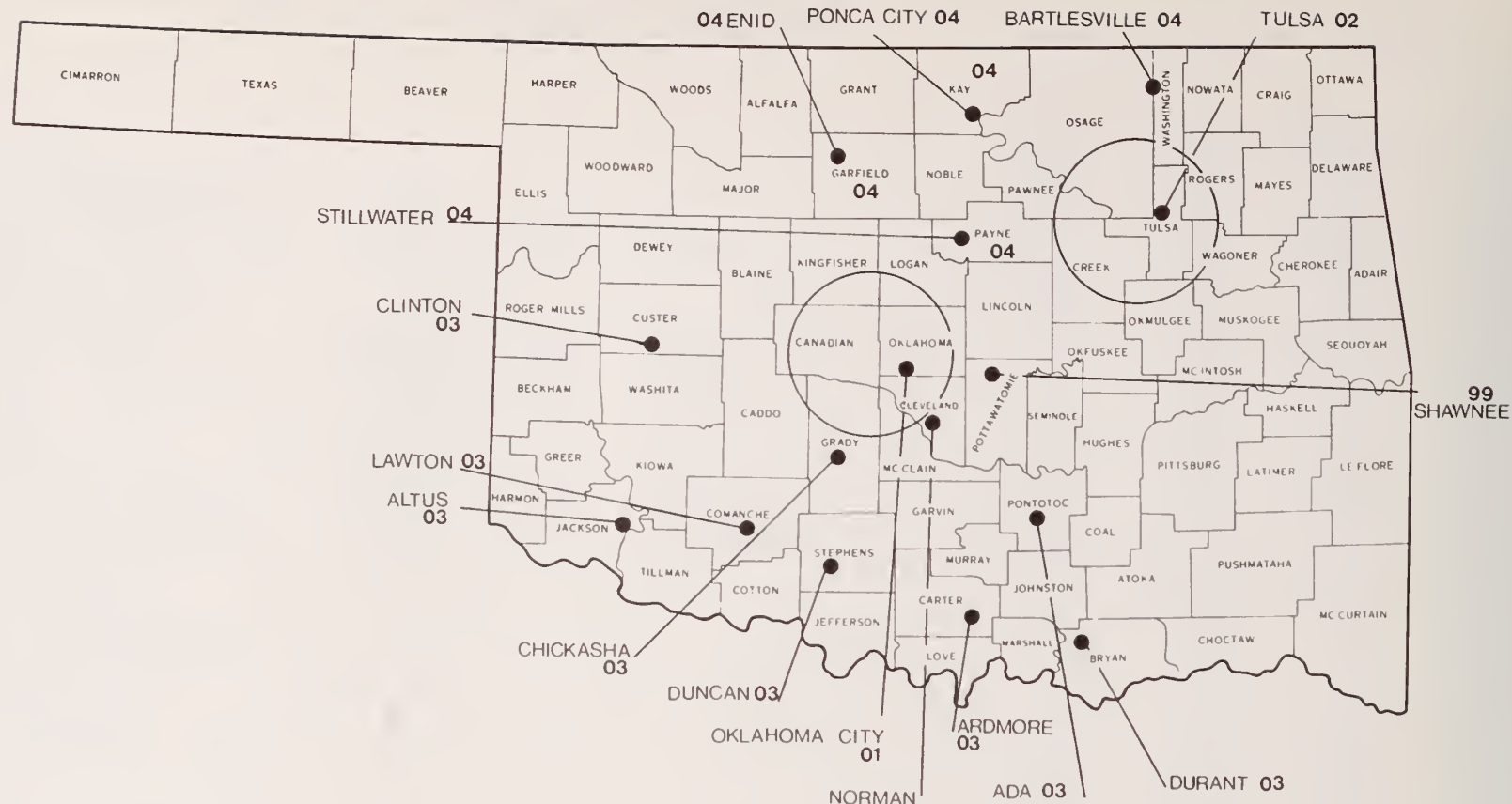
1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OHIO
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	13	14	15	13	14	15	
56 HEMORRHOIDECTOMY				450.00	292.40*	450.00	56
57 CHOLECYSTECTOMY				700.00	682.20*	779.60*	57
58 REPAIR HERNIA				389.80*	487.25*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	100.00	97.50*	75.00	100.00	97.50*	97.50*	59
60 DILATION OF URETHRA				23.40*	25.00	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC				935.50*	935.50*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	682.20*	682.20*	682.20*	935.50*	779.60*	1050.00	62
63 HYSTERECTOMY				877.10*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM				29.20*	29.20*	30.00	64
65 COMPREHENSIVE EYE EXAM				29.20*	29.20*	30.00	65
66 EYE EXAM WITH TONOMETRY				29.20*	29.20*	29.20*	66
67 EXTRACTION OF LENS	935.50*	779.60*	730.90*	935.50*	779.60*	730.90*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	23.40*	23.40*	21.40*	8.00	19.50*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	25.00	39.00	31.20*	35.10*	18.00	69
70 X-RAY SPINE				39.00*	39.00*	39.00*	70
71 X-RAY HIP				35.10*	35.10*	35.10*	71
72 X-RAY UPPER GI TRACT	48.70*	48.70*	48.70*	38.00*	68.20*	68.20*	72
73 X-RAY COLON				32.00*	58.50*	58.50*	73
74 RADIATION THERAPY-LOW VOLT	19.50*	24.40*	24.40*	19.50*	24.40*	24.40*	74
75 RADIATION THERAPY-SUPER VOLT	35.10*	35.10*	35.10*	35.10*	35.10*	35.10*	75
76 RADIATION THERAPY-MEGAVOLT				29.20*	40.00	40.00	76
77 CAT SCAN - HEAD				243.60*	257.30*	319.60*	77
78 CAT SCAN - ABDOMEN				287.30*	361.00*	450.00	78
79 THREE CHEMISTRY TESTS				1.50	1.90	1.40	79
80 NINETEEN CHEMISTRY TESTS				1.50	1.90	1.40	80
81 CULTURE - OTHER THAN BLOOD				3.00	3.00	3.00	81
82 HEMOGLOBIN				3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT							83
84 WHITE CELL COUNT				3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)				9.00L	9.00	9.00L	85
86 CHOLESTEROL TEST				6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST				8.00	8.00	8.00	87
88 HEMATOCRIT				3.00L	3.00L	3.00L	88
89 PLATELET COUNT (REES-ECKER)				5.50	8.50	8.00	89
90 POTASSIUM TEST - BLOOD				8.50	7.00	8.00	90
91 PROTHROMBIN TIME TEST				6.00L	6.00L	6.00L	91
92 SEDIMENTATION RATE				5.00L	5.00	5.00L	92
93 BLOOD SUGAR				5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN				5.50L	5.50L	5.50L	94
95 URIC ACID				6.60L	6.60L	6.60L	95
96 FECES-OCCULT BLOOD-SCREENING				4.00	4.00	3.00	96
97 PAP TEST				7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS				4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS				4.00	4.00	3.00	99
100 PATHOLOGY - THREE SPECIMENS				18.50	20.00	22.00	100
101 ELEC MONITORING-PACEMAKER							101
102 DONOR NEPHRECTOMY-UNILATERAL				1350.00	1280.50*	1301.90*	102
103 KIDNEY TRANSPLANT				2522.00*	2752.00*	2598.00*	103
104 HOSPITAL BED - RENTAL				42.00	48.40L	47.00	104
105 WALKER - RENTAL				10.50	10.00	8.00	105
106 WHEELCHAIR - RENTAL				20.00L	20.00	20.00L	106
107 LIQUID OXYGEN - RENTAL				80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE				496.14L	496.14L	496.14L	108
109 WALKER - PURCHASE				54.08	47.43	42.00	109
110 WHEELCHAIR - PURCHASE				250.00L	250.00L	250.00L	110

OKLAHOMA

OKLAHOMA



- 01 - Oklahoma City: Bethany, Del City, Edmond, El Reno, Midway Village, Midwest City, Moore, Nichols Hill, Nicoma Park, Norman, Seminole, Shawnee, Spencer, The Village, Valley Brook, Warr Acres, Yukon
- 02 - Tulsa: Bixby, Broken Arrow, Claremore, Collinsville, Coweta, Jenks, Oakhurst, Owasso, Prattville, Sand Springs, Sapulpa, Skiatook, Turley, McAlester, Muskogee, Okmulgee, Catoosa
- 03 - Ada, Ardmore, Durant, Chickasha, Lawton, Altus, Clinton, Duncan
- 04 - Enid, Ponca City, Bartlesville, Stillwater
- 99 - All other

(Locality is determined by the city cited in the return address.)

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
1 INITIAL BRIEF OFFICE VISIT					25.00	29.10*	23.00	23.40*	1
2 INITIAL LIMITED OFFICE VISIT	30.00	25.00	20.00*	20.00	48.70*	58.50*	48.70*	48.70*	2
3 INITIAL INTERMED OFFICE VISIT					64.70*	52.90*	18.60*	53.00	3
4 INITIAL COMP OFFICE VISIT	50.00	35.00	60.00	35.00*	68.20*	87.60*	68.20*	75.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.80*	9.80*	7.80*	4.00	5.90*	5.70*	7.80*	9.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.75*	11.75*	9.80*	11.75*	15.60*	19.50*	11.75*	11.75*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.50*	16.00	16.00	19.50*	19.50*	19.50*	19.50*	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	18.00	19.50*	12.00	25.60	28.00	19.50*	24.00	8
9 EXTENDED F/U OFFICE VISIT	36.10*	25.25*	25.25*	29.10*	45.00	58.50*	29.60*	57.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	45.00	40.00	39.00*	58.50*	68.20*	48.70*	65.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	19.50*	19.50*	19.50*	13.70*	13.70*		11
12 LIMITED FOLLOWUP HOME VISIT					29.10*	29.10*	29.10*		12
13 INTERMDIATE F/U HOME VISIT	29.10*	29.10*	29.10*	30.00					13
14 EXTENDED CARE FACILITY VISIT					15.00	15.00*	23.50*	15.00*	14
15 BRIEF F/U NURSING HOME VISIT	19.50*	19.50*	13.70*	19.50*					15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	29.10*	29.10*	29.10*	39.00*	48.70*	34.00*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT					58.50*	58.50*	48.70*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	55.00	58.50*	68.20*	77.90*	87.60*	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	13.70*	13.70*	19.50*	19.50*	19.50*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	20.00*	19.50*	19.50*	29.10*	29.10*	29.10*	23.00	20
21 INTERMED F/U HOSPITAL VISIT	19.50*	24.60*	16.70*	14.60*	29.10*	30.00	25.60*	13.70*	21
22 EXTENDED F/U HOSPITAL VISIT					29.10*	39.00*	25.00	31.20*	22
23 BRIEF EMERGENCY ROOM VISIT					27.20*	27.50*	23.80*	21.40*	23
24 LIMITED EMERGENCY ROOM VISIT					48.80*	49.00	40.00	40.00	24
25 INTERMED EMERGENCY ROOM VISIT					31.40*	29.80*		30.30*	25
26 LIMITED CONSULTATION	29.10*	29.10*	35.10*	29.10*	48.70*	39.00*	39.00*	29.10*	26
27 EXTENSIVE CONSULTATION					58.50*	68.20*	48.70*	48.70*	27
28 COMPREHENSIVE CONSULTATION					68.20*	97.60*	68.20*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					60.00	57.10*	51.90*	56.00*	29
30 PSYCHOTHERAPY-HALF HOUR					40.00	28.60*	26.00*	18.90*	30
31 CHIROPRACTIC OFFICE VISIT	13.20*		13.20*		17.00	15.00	14.00	13.10*	31
32 INITIAL PHYSIOTHERAPY						13.70*			32
33 F/U PODIATRIC OFFICE VISIT					18.00	19.50*	10.70*	17.00	33
34 ELECTROCARDIOGRAM (EKG)	29.10*	29.10*	29.10*	29.10*	29.10*	29.10*	25.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY		9.80*	9.80*	13.50	10.00	9.80*	13.50	14.60*	35
36 SPIROMETRY					39.00*	35.00			36
37 ELECTROENCEPHALOGRAM (EEG)					75.00	82.70*	82.70*		37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					10.00				39
40 DEBRIDEMENT OF NAILS					18.00	19.50*	19.50*		40
41 SKIN BIOPSY					29.10*	40.00*	29.10*	48.70*	41
42 CHEMOCAUTERY					19.50*	19.50*	19.50*	19.50*	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					876.90*	1091.40*	779.50*	876.90*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	25.00	20.25	31.60*	29.10*	35.00	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					1948.70*	1948.70*	1461.60*	1461.60*	47
48 NEEDLE PUNCTURE OF BURSA					22.00	19.50*		22.00	48
49 BRONCHOSCOPY					155.90*	158.00*	158.00*	158.00*	49
50 THORACENTESIS					40.00*	68.20*	58.50*	55.00	50
51 CATERIZATION OF HEART					389.80*	389.80*			51
52 INSERTION OF PACEMAKER					974.40*	1000.00	700.00*	1000.00	52
53 PARTIAL COLECTOMY					974.40*	1091.40*	974.40*	974.40*	53
54 APPENDECTOMY	389.80*	420.90*	487.20*	420.90*	522.00	584.60*	487.20*	487.20*	54
55 SIGMOIDOSCOPY					39.00*	39.00*	39.00*	45.00	55

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	04	
56 HEMORRHOIDECTOMY					487.20*	438.40*	315.70*	341.10*	56
57 CHOLECYSTECTOMY					730.80*	779.50*	701.60*	682.10*	57
58 REPAIR HERNIA					487.20*	506.75*	438.40*	487.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	64.90*	52.70*		55.00	48.70*	58.50*	48.70*	55.00	59
60 DILATION OF URETHRA					19.50*	19.50*	13.70*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC					876.90*	1091.40*	974.40*	841.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	560.00*	741.80*			876.90*	1023.10*	779.50*	857.30*	62
63 HYSTERECTOMY					876.90*	974.40*	876.90*	876.90*	63
64 INITIAL COMPLETE EYE EXAM					39.00*	32.00	29.10*	31.20*	64
65 COMPREHENSIVE EYE EXAM					43.50	31.20*	40.00	40.00	65
66 EYE EXAM WITH TONOMETRY					12.20*	20.00	20.00	16.00	66
67 EXTRACTION OF LENS					779.50*	779.50*	779.50*	779.50*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	23.40*	24.50*	29.10*	19.50*	24.50*	13.50	17.50*	68
69 CHEST X-RAY - TWO VIEWS	33.20*	35.00	29.10*	35.10*	19.30*	29.10*	16.50	20.00*	69
70 X-RAY SPINE					29.10*	39.00*	25.00*	25.00*	70
71 X-RAY HIP					21.25*	35.10*	29.10*	25.00	71
72 X-RAY UPPER GI TRACT	68.20*	68.20*	48.70*	58.50*	58.50*	68.20*	40.00*	68.20*	72
73 X-RAY COLON					39.00*	58.50*	38.00*	77.90*	73
74 RADIATION THERAPY-LOW VOLT		26.00				20.00		23.40*	74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					227.50*	273.60*			77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					35.00	30.00	34.00	20.00	79
80 NINETEEN CHEMISTRY TESTS					35.00	35.00	40.00	20.00	80
81 CULTURE - OTHER THAN BLOOD					18.00	12.00	11.00	18.00	81
82 HEMOGLOBIN					8.00	6.00	5.50	5.50	82
83 AUTOMATED BLOOD COUNT					10.00	18.00		14.00	83
84 WHITE CELL COUNT					8.00	6.00	5.50		84
85 COMPLETE BLOOD COUNT (CBC)					12.00		14.00	14.00	85
86 CHOLESTEROL TEST					10.00	10.00	10.00	11.00	86
87 FLOCCULATION TEST					10.00	6.00	8.00	8.00	87
88 HEMATOCRIT					5.00	6.00		5.50	88
89 PLATELET COUNT (REES-ECKER)					9.50	12.00	9.00	7.00	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	13.00	14.60	90
91 PROTHROMBIN TIME TEST						10.00	10.00	8.00	91
92 SEDIMENTATION RATE					8.50	8.25	7.00	7.00	92
93 BLOOD SUGAR					10.00	10.00	10.00	8.00	93
94 BUN-UREA - NITROGEN					10.00	13.00		10.00	94
95 URIC ACID						10.00	10.00	10.00	95
96 FECES-OCCULT BLOOD-SCREENING					7.00	5.00	5.25	6.50	96
97 PAP TEST					10.00	12.00	12.00		97
98 ROUTINE URINALYSIS					8.25		7.50	7.50	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					28.00	20.00	20.00	24.00	100
101 ELEC MONITORING-PACEMAKER					26.20*	19.90*	20.30*		101
102 DONOR NEPHRECTOMY-UNILATERAL					1344.00	1052.30*	876.90*	1052.30*	102
103 KIDNEY TRANSPLANT					1310.00*	1292.00*			103
104 HOSPITAL BED - RENTAL									104
105 WALKER - RENTAL					16.50	16.50			105
106 WHEELCHAIR - RENTAL					29.60*	26.25	29.10*	25.20	106
107 LIQUID OXYGEN - RENTAL					79.60*	79.60*			107
108 HOSPITAL BED - PURCHASE					62.40		52.00	48.50	108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
1 INITIAL BRIEF OFFICE VISIT		20.00	1
2 INITIAL LIMITED OFFICE VISIT	15.00*	30.00	2
3 INITIAL INTERMED OFFICE VISIT		57.40*	3
4 INITIAL COMP OFFICE VISIT	35.00*	50.00*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.80*	9.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.80*	9.80*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.60*	18.00	7
8 INTERMEDIATE F/U OFFICE VISIT	19.50*	19.50*	8
9 EXTENDED F/U OFFICE VISIT	25.00	29.60*	9
10 COMP FOLLOWUP OFFICE VISIT	39.00*	45.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	13.70*	11
12 LIMITED FOLLOWUP HOME VISIT		29.10*	12
13 INTERMOIATE F/U HOME VISIT	25.00		13
14 EXTENDED CARE FACILITY VISIT			14
15 BRIEF F/U NURSING HOME VISIT	13.70*		15
16 INITIAL BRIEF HOSPITAL VISIT	29.10*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT		48.70*	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	65.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.60*	15.60*	19
20 LIMITED F/U HOSPITAL VISIT	20.00*	29.10*	20
21 INTERMED F/U HOSPITAL VISIT	13.70*	14.00	21
22 EXTENDED F/U HOSPITAL VISIT		25.25*	22
23 BRIEF EMERGENCY ROOM VISIT		19.40*	23
24 LIMITED EMERGENCY ROOM VISIT		25.00	24
25 INTERMED EMERGENCY ROOM VISIT		30.30*	25
26 LIMITED CONSULTATION	29.10*	35.00*	26
27 EXTENSIVE CONSULTATION		48.70*	27
28 COMPREHENSIVE CONSULTATION		68.20*	28
29 PSYCHOTHERAPY-ONE HOUR			29
30 PSYCHOTHERAPY-HALF HOUR		38.80*	30
31 CHIROPRACTIC OFFICE VISIT	12.40*	12.40*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		13.00*	33
34 ELECTROCARDIOGRAM (EKG)	29.10*	28.00	34
35 EKG-INTERPRET AND REPORT ONLY	9.80*	9.80*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)			37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		12.00	40
41 SKIN BIOPSY		43.90*	41
42 CHEMOCAUTERY		19.50*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		974.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	35.00	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		1948.70*	47
48 NEEDLE PUNCTURE OF BURSA		23.50*	48
49 BRONCHOSCOPY		158.00*	49
50 THORACENTESIS			50
51 CATHERIZATION OF HEART			51
52 INSERTION OF PACEMAKER		1000.00	52
53 PARTIAL COLECTOMY		935.40*	53
54 APPENDECTOMY	389.80*	487.20*	54
55 SIGMOIDOSCOPY		29.10*	55

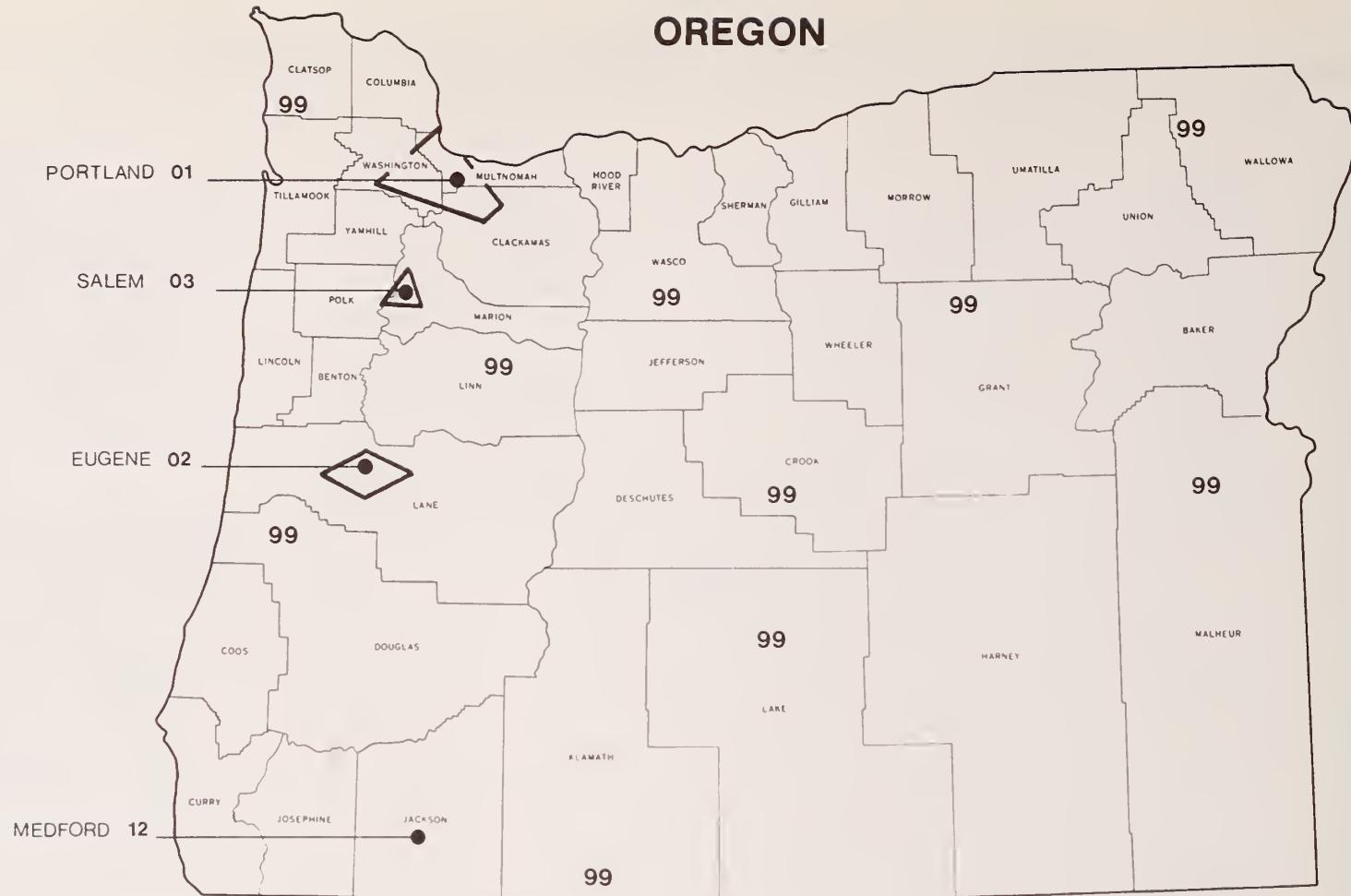
1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OKLAHOMA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
56 HEMORRHOIDECTOMY		350.80*	56
57 CHOLECYSTECTOMY		682.10*	57
58 REPAIR HERNIA		438.40*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	52.70*	59
60 DILATION OF URETHRA		19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC			61
62 ELECTROSECTION-PROSTATE (TUR)	841.80*	841.80*	62
63 HYSTERECTOMY		736.60*	63
64 INITIAL COMPLETE EYE EXAM		24.00	64
65 COMPREHENSIVE EYE EXAM		40.00	65
66 EYE EXAM WITH TONOMETRY		20.00	66
67 EXTRACTION OF LENS	741.80*	682.10*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	15.00*	68
69 CHEST X-RAY - TWO VIEWS	29.10*	23.40*	69
70 X-RAY SPINE		25.00*	70
71 X-RAY HIP		27.70*	71
72 X-RAY UPPER GI TRACT		46.70*	72
73 X-RAY COLON	68.20*	39.00*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS		36.00	80
81 CULTURE - OTHER THAN BLOOD		10.00	81
82 HEMOGLOBIN			82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT			84
85 COMPLETE BLOOD COUNT (CBC)		13.00	85
86 CHOLESTEROL TEST			86
87 FLOCCULATION TEST			87
88 HEMATOCRIT			88
89 PLATELET COUNT (REES-ECKER)		10.00	89
90 POTASSIUM TEST - BLOOD		12.00	90
91 PROTHROMBIN TIME TEST		10.00	91
92 SEDIMENTATION RATE		10.00	92
93 BLOOD SUGAR			93
94 BUN-UREA - NITROGEN			94
95 URIC ACID			95
96 FECES-OCCULT BLOOD-SCREENING			96
97 PAP TEST			97
98 ROUTINE URINALYSIS		7.00	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL		16.50	105
106 WHEELCHAIR - RENTAL		35.00	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		45.00	108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

OREGON

OREGON



Five Localities:

01 - Portland - Aloha, Batin, Beaverton, Cedar Hills, Collins View, Powellhurst, Raleigh Hills, Riverdale, Robin Wood, Sandy Sylvan, Errol Heights, Garden Home, Gilbert, Gladstone, Glendoveer, Gresham, Hazelwood, Hillsboro, Jennings Lodge, Kelly Butte, Lake Oswego, Marlene Village, Metzger, Milwaukee, Oakgrove, Orgon City, Parkrose, Tigard, West Linn, West Portland, West Portland Park, West Powellhurst, West Slope

02 - Eugene - Glenwood, River Road, Santa Clara, Springfield, Veneta, Coos Bay and Roseburg

03 - Salem - Four Corners, Hayesville, Keizer, Cornallis, Albany, Lebanon

12 - Medford, Klamath Falls, Grant's Pass

99 - Rest of State

(Locality determined by city cited in return address.)

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	12	01	02	03	12	
1 INITIAL BRIEF OFFICE VISIT					19.50*	19.50*	19.50*	19.50*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	29.50	27.00	27.00	35.00	40.00	35.00	36.50	2
3 INITIAL INTERMED OFFICE VISIT					50.00	50.90*	58.60*	48.00*	3
4 INITIAL COMP OFFICE VISIT	68.20*	68.20*	62.50	70.00	77.90*	77.90*	68.20*	58.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	9.80*	7.80*	9.80*	9.80*	11.75*	7.80*	7.80*	7.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.60*	15.60*	13.70*	13.70*	17.50*	15.60*	15.60*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.50*	19.50*	19.50	19.50*	19.50*	23.40*	19.50*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	22.00	26.00	22.00	20.00	28.00	29.10*	24.00	19.50*	8
9 EXTENDED F/U OFFICE VISIT	30.00	37.40*	37.50	39.00*	39.00*	39.00*	39.00*	37.40*	9
10 COMP FOLLOWUP OFFICE VISIT	58.50*	48.70*	53.00	48.70*	68.20*	58.50*	68.20*	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	29.10*	25.00	22.00	23.90*	25.00	25.00	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					34.40*	37.00	33.50*	37.00	12
13 INTERMEDIATE F/U HOME VISIT	35.10*	29.10*	29.10*	35.10*					13
14 EXTENDED CARE FACILITY VISIT					20.50*	14.90*	24.30*	16.50	14
15 BRIEF F/U NURSING HOME VISIT	14.60*	15.60*	13.70*	13.70*					15
16 INITIAL BRIEF HOSPITAL VISIT	29.10*	29.10*	52.90*	29.10*	29.10*	29.10*	29.10*	29.10*	16
17 INIT INTERMED HOSPITAL VISIT					48.70*	48.70*	48.70*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	68.20*	68.20*	76.10*	77.90*	77.90*	77.90*	58.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.60*	14.60*	13.70*	13.70*	19.50*	19.50*	19.50*	18.00	19
20 LIMITED F/U HOSPITAL VISIT	20.00	19.50*	20.00	24.90*	25.00	23.40*	27.50	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	24.60*	23.90*	29.40*	23.80*	23.80*	26.20*	29.00	27.00*	21
22 EXTENDED F/U HOSPITAL VISIT					37.40*	37.40*	28.30*	44.00	22
23 BRIEF EMERGENCY ROOM VISIT					26.40*	28.40*	28.80*	25.40*	23
24 LIMITED EMERGENCY ROOM VISIT					32.00	37.30*	37.90*	35.00	24
25 INTERMED EMERGENCY ROOM VISIT					45.00	55.30*	50.00	49.50*	25
26 LIMITED CONSULTATION	23.00*	37.00*	35.00	50.00	51.90*	55.00	50.00	45.40*	26
27 EXTENSIVE CONSULTATION					67.00*	56.40*	62.90*	75.40*	27
28 COMPREHENSIVE CONSULTATION					93.60*	77.90*	68.20*	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR					60.50*	44.00*	53.80*	42.90*	29
30 PSYCHOTHERAPY-HALF HOUR					45.00	27.10*	26.90*	35.30*	30
31 CHIROPRACTIC OFFICE VISIT	16.00				15.20*	14.30*	17.00	18.80*	31
32 INITIAL PHYSIOTHERAPY						18.00			32
33 F/U PODIATRIC OFFICE VISIT					16.00	12.40*	12.40*	12.40*	33
34 ELECTROCARDIOGRAM (EKG)	33.00	29.10*	32.00	35.10*	29.10*	35.10*	29.10*	34.50	34
35 EKG-INTERPRET AND REPORT ONLY	14.60*	14.60*	14.60*	17.50*	12.00	19.50*	14.60*	14.60*	35
36 SPIROMETRY					19.50*	19.50*			36
37 ELECTROENCEPHALOGRAM (EEG)					77.90*	73.10*	68.20*	73.10*	37
38 CHEMOTHERAPY					23.80*	30.20*	20.60*	20.20*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					20.00	20.00		20.00	40
41 SKIN BIOPSY					38.00	29.10*	35.80*	23.70*	41
42 CHEMOCAUTERY					29.00	19.50*	23.00	29.10*	42
43 RADICAL MASTECTOMY									43
44 OPEN REDUCTION OF FRACTURE					1091.40*	1091.40*	886.80*	1091.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.10*	28.00	24.50*	29.10*	30.00	26.00	35.10*	27.30*	45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2046.20*	2046.20*	2046.20*	1783.00*	47
48 NEEDLE PUNCTURE OF BURSA					29.10*	23.80*	23.80*	23.80*	48
49 BRONCHOSCOPY					194.90*	178.30*	165.80*	194.90*	49
50 THORACENTESIS					48.70*	48.70*		48.70*	50
51 CATHETERIZATION OF HEART					584.60*	584.60*	584.60*	584.60*	51
52 INSERTION OF PACEMAKER									52
53 PARTIAL COLECTOMY					1013.20*	950.90*	876.90*	935.40*	53
54 APPENDECTOMY	389.80*	413.80*	543.10*	487.20*	545.70*	536.00*	487.20*	475.50*	54
55 SIGMOIDOSCOPY					35.10*	39.00*	39.00*	35.10*	55

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	12	01	02	03	12	
56 HEMORRHOIDECTOMY					485.00	356.50*	321.50*	356.50*	56
57 CHOLECYSTECTOMY					779.50*	875.00	682.10*	777.10*	57
58 REPAIR HERNIA					487.20*	487.20*	389.80*	409.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY			81.20*		97.60*	65.00	59.50*	59.50*	59
60 DILATION OF URETHRA					25.00	25.50	23.40*	22.40	60
61 PROSTATECTOMY - SUPRAPUBIC					935.40*	857.30*	935.40*	876.90*	61
62 ELECTROSECTION-PROSTATE (TUR)					1013.20*	857.30*	857.30*	935.40*	62
63 HYSTERECTOMY					876.90*	935.40*	682.10*	832.10*	63
64 INITIAL COMPLETE EYE EXAM					38.40	39.00	31.20*	35.10*	64
65 COMPREHENSIVE EYE EXAM					38.70*	39.80*	34.20*	32.00*	65
66 EYE EXAM WITH TONOMETRY					15.60*	15.60*	15.60*	12.00	66
67 EXTRACTION OF LENS					974.40*	974.40*	974.40*	935.40*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	24.50*	22.00	22.40*	19.50*	21.40*	26.00	21.40*	68
69 CHEST X-RAY - TWO VIEWS	31.20*	29.10*	33.20*	36.10*	32.10*	32.10*	35.10*	32.10*	69
70 X-RAY SPINE					35.10*	32.10*	39.00*	39.00*	70
71 X-RAY HIP					35.10*	36.90*	35.10*	35.10*	71
72 X-RAY UPPER GI TRACT	68.20*	48.70*	74.10*	71.50*	68.20*	64.40*	74.10*	63.30*	72
73 X-RAY COLON					68.20*	53.60*	74.10*	53.60*	73
74 RADIATION THERAPY-LOW VOLT									74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					28.40	33.00	21.75	21.50	79
80 NINETEEN CHEMISTRY TESTS					13.75	22.75	20.00	18.00	80
81 CULTURE - OTHER THAN BLOOD					16.00	23.25	14.20*	14.40	81
82 HEMOGLOBIN					5.70	6.50	5.00	5.00	82
83 AUTOMATED BLOOD COUNT					17.75	14.00	7.25	17.75	83
84 WHITE CELL COUNT					6.00	6.50	4.25	5.00	84
85 COMPLETE BLOOD COUNT (CBC)						15.00	14.50	13.00	85
86 CHOLESTEROL TEST					11.00	16.50	12.00	11.00	86
87 FLOCCULATION TEST					8.90*	9.75	7.00	8.00	87
88 HEMATOCRIT					5.70	6.50	6.50	5.00	88
89 PLATELET COUNT (REES-ECKER)					11.00	10.00	10.00	10.00	89
90 POTASSIUM TEST - BLOOD					9.00*	12.25	12.50	11.00	90
91 PROTHROMBIN TIME TEST					9.70		9.50	10.00	91
92 SEDIMENTATION RATE					6.00	9.50	5.25	8.50	92
93 BLOOD SUGAR					9.00	10.00	9.00	11.00	93
94 BUN-UREA - NITROGEN					10.00	12.00		8.00	94
95 URIC ACID					11.50	10.50	11.75	11.00	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	5.00	5.00	96
97 PAP TEST					9.00	10.00	7.50	12.00	97
98 ROUTINE URINALYSIS					7.50	8.25	7.25		98
99 CHEMICAL URINALYSIS					5.75	5.50		4.25	99
100 PATHOLOGY - THREE SPECIMENS					28.00	36.25		24.00	100
101 ELEC MONITORING-PACEMAKER					38.00	34.00	34.00		101
102 DONOR NEPHRECTOMY-UNILATERAL					1188.80*	1169.30*	1169.30*	1169.30*	102
103 KIDNEY TRANSPLANT					1686.70*				103
104 HOSPITAL BED - RENTAL									104
105 WALKER - RENTAL					16.00	16.00			105
106 WHEELCHAIR - RENTAL					29.75	25.00	29.50		106
107 LIQUID OXYGEN - RENTAL									107
108 HOSPITAL BED - PURCHASE									108
109 WALKER - PURCHASE									109
110 WHEELCHAIR - PURCHASE									110

1983 PREVAILING CHARGE SUMMARY DATA AETNA LIFE AND CASUALTY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

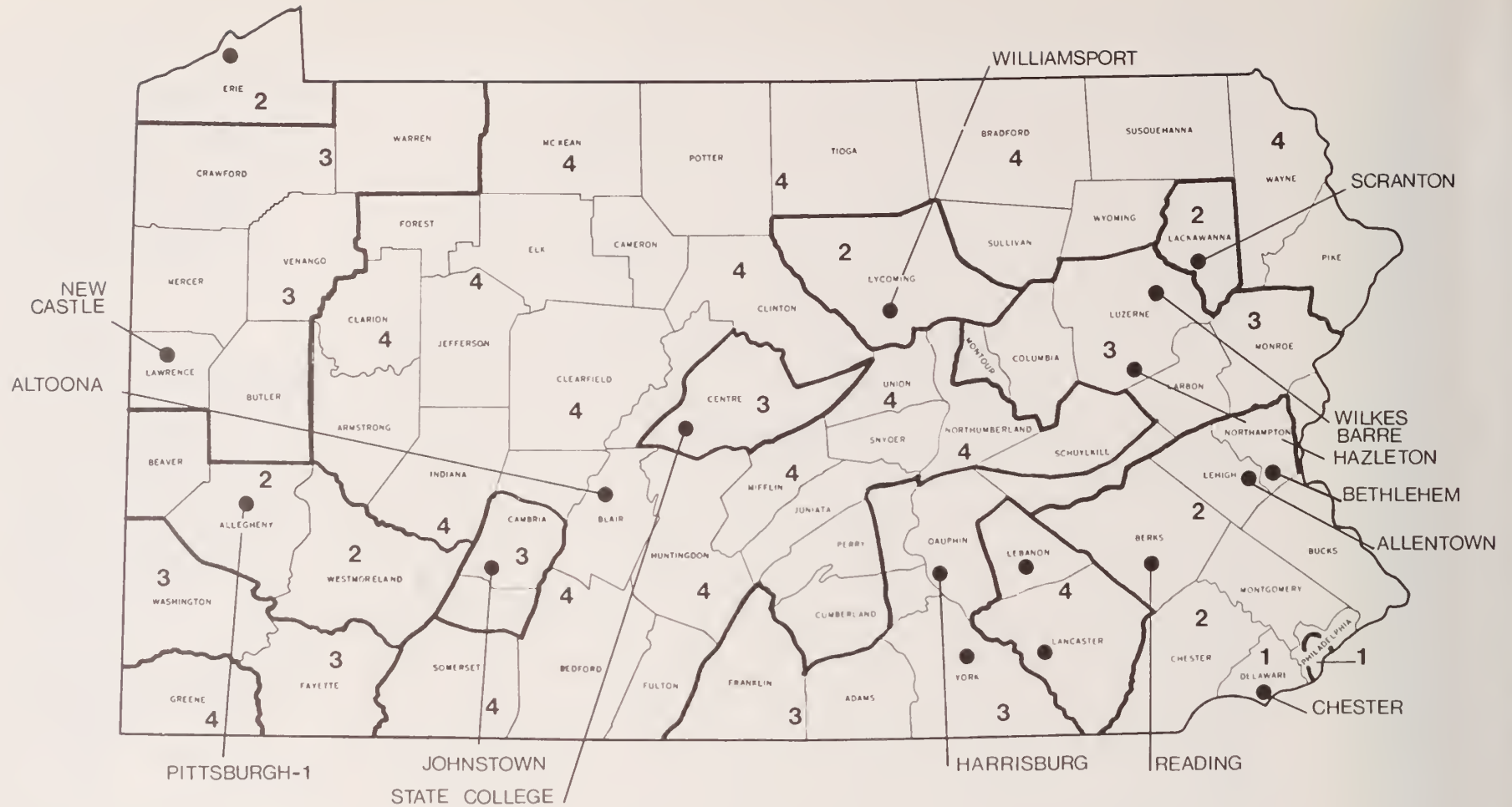
OREGON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	99	99	
1 INITIAL BRIEF OFFICE VISIT		19.50*	1
2 INITIAL LIMITED OFFICE VISIT	24.00	35.00	2
3 INITIAL INTERMED OFFICE VISIT		48.60*	3
4 INITIAL COMP OFFICE VISIT	66.00	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.80*	9.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	12.20*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.00	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	25.00	8
9 EXTENDED F/U OFFICE VISIT	28.00	42.50	9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	26.50	11
12 LIMITED FOLLOWUP HOME VISIT		30.00	12
13 INTERMDIATE F/U HOME VISIT	33.20*		13
14 EXTENDED CARE FACILITY VISIT		18.00	14
15 BRIEF F/U NURSING HOME VISIT	12.20*		15
16 INITIAL BRIEF HOSPITAL VISIT	29.10*	29.10*	16
17 INIT INTERMED HOSPITAL VISIT		48.70*	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.70*	16.70*	19
20 LIMITED F/U HOSPITAL VISIT	23.00	26.00	20
21 INTERMED F/U HOSPITAL VISIT	23.40*	27.10*	21
22 EXTENDED F/U HOSPITAL VISIT		37.40*	22
23 BRIEF EMERGENCY ROOM VISIT		29.90*	23
24 LIMITED EMERGENCY ROOM VISIT		33.00	24
25 INTERMED EMERGENCY ROOM VISIT		48.00	25
26 LIMITED CONSULTATION	35.40*	55.00*	26
27 EXTENSIVE CONSULTATION		62.70*	27
28 COMPREHENSIVE CONSULTATION		77.90*	28
29 PSYCHOTHERAPY-ONE HOUR		51.25*	29
30 PSYCHOTHERAPY-HALF HOUR		38.50*	30
31 CHIROPRACTIC OFFICE VISIT		13.70*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		17.50*	33
34 ELECTROCARDIOGRAM (EKG)	31.20*	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	14.60*	14.60*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)		68.20*	37
38 CHEMOTHERAPY		20.20*	38
39 COLLECTION OF SPECIMENS			39
40 DEBRIDEMENT OF NAILS		20.00	40
41 SKIN BIOPSY		38.00	41
42 CHEMOCAUTERY		19.50*	42
43 RADICAL MASTECTOMY			43
44 OPEN REDUCTION OF FRACTURE		1169.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.10*	35.10*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		2046.20*	47
48 NEEDLE PUNCTURE OF BURSA		35.00	48
49 BRONCHOSCOPY		224.00*	49
50 THORACENTESIS		34.00*	50
51 CATHERIZATION OF HEART		543.80*	51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY		935.40*	53
54 APPENDECTOMY	487.20*	487.20*	54
55 SIGMOIDOSCOPY		36.00	55

PROCEDURE DESCRIPTION	99	99	
56 HEMORRHOIDECTOMY		438.40*	56
57 CHOLECYSTECTOMY		734.70*	57
58 REPAIR HERNIA		456.00*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	59.50*	93.60*	59
60 DILATION OF URETHRA		29.10*	60
61 PROSTATECTOMY - SUPRAPUBIC		935.40*	61
62 ELECTROSECTION-PROSTATE (TUR)	815.90*	935.40*	62
63 HYSTERECTOMY		779.50*	63
64 INITIAL COMPLETE EYE EXAM		37.00	64
65 COMPREHENSIVE EYE EXAM		39.80*	65
66 EYE EXAM WITH TONOMETRY		14.60*	66
67 EXTRACTION OF LENS		925.70*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	21.40*	68
69 CHEST X-RAY - TWO VIEWS	31.20*	35.10*	69
70 X-RAY SPINE		39.00*	70
71 X-RAY HIP		38.00	71
72 X-RAY UPPER GI TRACT	68.20*	77.90*	72
73 X-RAY COLON		68.20*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		30.00	79
80 NINETEEN CHEMISTRY TESTS		20.00	80
81 CULTURE - OTHER THAN BLOOD		15.00	81
82 HEMOGLOBIN			82
83 AUTOMATED BLOOD COUNT		10.00	83
84 WHITE CELL COUNT			84
85 COMPLETE BLOOD COUNT (CBC)		14.00	85
86 CHOLESTEROL TEST		11.00	86
87 FLOCCULATION TEST		7.50	87
88 HEMATOCRIT		5.50	88
89 PLATELET COUNT (REES-ECKER)		8.70	89
90 POTASSIUM TEST - BLOOD		12.00	90
91 PROTHROMBIN TIME TEST		9.30	91
92 SEDIMENTATION RATE		7.00	92
93 BLOOD SUGAR		10.00	93
94 BUN-UREA - NITROGEN		12.00	94
95 URIC ACID		10.00	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		10.00	97
98 ROUTINE URINALYSIS		7.00	98
99 CHEMICAL URINALYSIS			99
100 PATHOLOGY - THREE SPECIMENS			100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		1169.30*	102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL			105
106 WHEELCHAIR - RENTAL		25.00	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE			109
110 WHEELCHAIR - PURCHASE			110

PENNSYLVANIA

PENNSYLVANIA



Four Localities:

- 01 - Areas of Medical Schools/Specialty Hospitals
- 02 - Major Metropolitan Areas
- 03 - Lesser Metropolitan Areas
- 04 - Urban Areas

Note exceptions for Pittsburgh and Philadelphia in Appendix A

1983 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PENNSYLVANIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	3	4	1	2	3	4	
1 INITIAL BRIEF OFFICE VISIT					22.00	20.00	18.00	15.00	1
2 INITIAL LIMITED OFFICE VISIT	18.00	20.00	15.00	15.00	30.00	25.00	20.00	20.00	2
3 INITIAL INTERMED OFFICE VISIT					30.00	25.00	20.00	20.00	3
4 INITIAL COMP OFFICE VISIT	48.70*	50.00	48.70*	35.00	77.90*	75.00	60.00	55.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.00	5.00	5.00	5.00	10.00	5.00	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.00	15.00	15.00	14.00	22.00	20.00	18.00	15.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	20.00	15.00	15.00	30.00	25.00	20.00	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	20.00	15.00	15.00	30.00	25.00	20.00	20.00	8
9 EXTENDED F/U OFFICE VISIT	15.00	18.00	35.00	15.00	50.00	45.00	40.00	45.00	9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	50.00	48.70*	35.00	77.90*	75.00	60.00	55.00	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	18.00	15.00	15.00	19.50*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT					23.40*	23.40*	19.50*	19.50*	12
13 INTERMDIATE F/U HOME VISIT	23.40*	23.40*	19.50*	19.50*	23.40*	23.40*	19.50*	19.50*	13
14 EXTENDED CARE FACILITY VISIT					19.50*	19.50*	18.00*	15.00	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15.00	13.60*	14.00	15.00	19.50*	16.00	12.00	15
16 INITIAL BRIEF HOSPITAL VISIT	35.00	48.70*	39.00*	48.70*	68.20*	58.40*	58.40*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					33.00	29.20*	29.20*	25.00	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	58.40*	58.40*	58.40*	97.40*	85.00	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	17.00	15.00	15.00	25.00	19.50*	19.50*	18.00	19
20 LIMITED F/U HOSPITAL VISIT	25.00	19.50*	19.50*	19.50*	33.00	29.20*	29.20*	25.00	20
21 INTERMED F/U HOSPITAL VISIT	25.00	19.50*	19.50*	19.50*	33.00	29.20*	29.20*	25.00	21
22 EXTENDED F/U HOSPITAL VISIT					50.00	55.00	48.70*	48.70*	22
23 BRIEF EMERGENCY ROOM VISIT					22.00	20.00	18.00	15.00	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	25.00	20.00	20.00	24
25 INTERMED EMERGENCY ROOM VISIT					30.00	25.00	20.00	20.00	25
26 LIMITED CONSULTATION	17.00	14.20*	8.20*	13.40*	18.00	14.80*	15.60*	18.00	26
27 EXTENSIVE CONSULTATION					18.00	14.80*	15.60*	18.00	27
28 COMPREHENSIVE CONSULTATION					97.40*	90.00	77.90*	75.00	28
29 PSYCHOTHERAPY-ONE HOUR					73.10*	70.00	60.00	47.00	29
30 PSYCHOTHERAPY-HALF HOUR					50.00	45.00	40.00	35.00	30
31 CHIROPRACTIC OFFICE VISIT	12.80*	15.00*	11.90*	10.00	16.00*	13.00*	10.90*	11.10*	31
32 INITIAL PHYSIOTHERAPY					25.00*	22.00	25.00*	25.00*	32
33 F/U PODIATRIC OFFICE VISIT					17.00	18.00	15.60*	13.60*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	35.00	35.00	35.00	35.00	35.00	35.00	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	20.00*	15.00	25.00	20.00	13.60*	19.50*	15.00	35
36 SPIROMETRY					48.70*	30.00	39.00*	39.00*	36
37 ELECTROENCEPHALOGRAM (EEG)					65.00	65.00	65.00	65.00	37
38 CHEMOTHERAPY					50.00	20.00	15.00	50.00	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					25.00*	25.00*	25.00*	25.00*	40
41 SKIN BIOPSY					100.00	75.00			41
42 CHEMOCAUTERY					58.70*	56.90*	55.00*	65.00	42
43 RADICAL MASTECTOMY					974.40*	974.40*	779.50*	682.10*	43
44 OPEN REDUCTION OF FRACTURE					1350.00	1169.30*	877.00*	974.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	30.00	30.00	29.20*	29.00	30.00	35.00	45.00	28.00	45
46 CORONARY ARTERY BYPASS					3719.80*	3763.60*	3617.60*	3654.90*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1800.00	1800.00	1800.00	1800.00	47
48 NEEDLE PUNCTURE OF BURSA					40.00	40.00	50.00	50.00	48
49 BRONCHOSCOPY					194.90*	194.90*	194.90*	194.90*	49
50 THORACENTESIS					80.00	97.40*	75.00	80.00	50
51 CATHERIZATION OF HEART					550.00*	550.00*	487.20*	550.00*	51
52 INSERTION OF PACEMAKER					1250.00*	1250.00*	1200.00	1250.00*	52
53 PARTIAL COLECTOMY					1266.75*	1169.30*	974.40*	935.40*	53
54 APPENDECTOMY	389.75*	487.20*	389.75*	389.75*	487.20*	438.50*	409.20*	389.75*	54
55 SIGMOIDOSCOPY					65.00	48.70*	48.70*	60.00	55

1983 PREVAILING CHARGE SUMMARY DATA PENNSYLVANIA 8/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PENNSYLVANIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	1	2	3	4	1	2	3	4	
56 HEMORRHOIDECTOMY					389.75*	389.75*	321.50*	341.00*	56
57 CHOLECYSTECTOMY					779.50*	779.50*	682.10*	643.10*	57
58 REPAIR HERNIA					487.20*	487.20*	438.50*	409.20*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	97.40*	97.00	97.40*	58.40*	85.00*	95.00	90.00*	83.00	59
60 DILATION OF URETHRA					29.20*	25.00	19.50*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC					974.40*	974.40*	877.00*	900.00	61
62 ELECTROSECTION-PROSTATE (TUR)	935.40*	877.00*	779.50*	877.00*	974.40*	974.40*	935.40*	877.00*	62
63 HYSTERECTOMY					974.40*	877.00*	779.50*	779.50*	63
64 INITIAL COMPLETE EYE EXAM					35.00	35.00	29.20*	28.00	64
65 COMPREHENSIVE EYE EXAM					40.00	40.00	28.00	32.00	65
66 EYE EXAM WITH TONOMETRY					15.00*	10.10*	15.00	16.60*	66
67 EXTRACTION OF LENS	974.40*	779.50*	877.00*	828.20*	974.40*	877.00*	877.00*	877.00*	67
68 CHEST X-RAY - SINGLE VIEW	35.00	35.00	30.00	30.00	30.00	34.00	29.20*	15.00	68
69 CHEST X-RAY - TWO VIEWS	54.50*	40.00*	48.00	36.00	45.00	42.90*	39.00*	39.00*	69
70 X-RAY SPINE					60.00	65.00	65.00	55.00	70
71 X-RAY HIP					39.00*	39.00*	39.00*	29.20*	71
72 X-RAY UPPER GI TRACT	90.00*	87.70*	77.90*	77.90*	85.00	87.70*	77.90*	68.20*	72
73 X-RAY COLON					80.00	68.20*	68.20*	68.20*	73
74 RADIATION THERAPY-LOW VOLT	65.00	35.00	62.00	30.00	62.00*	35.00	62.00	30.00	74
75 RADIATION THERAPY-SUPER VOLT	75.00	75.00	78.00	35.00	80.00*	80.00	78.00	35.00	75
76 RADIATION THERAPY-MEGAVOLT					96.10	50.00	100.00*	55.00	76
77 CAT SCAN - HEAD					350.00	350.00	350.00	350.00	77
78 CAT SCAN - ABDOMEN					350.00	390.00	350.00	350.00	78
79 THREE CHEMISTRY TESTS					13.70	13.70	13.70	13.70	79
80 NINETEEN CHEMISTRY TESTS					25.00	25.00	25.00	25.00	80
81 CULTURE - OTHER THAN BLOOD					14.00*	10.00	8.00	7.75	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	4.00*	82
83 AUTOMATED BLOOD COUNT					9.00*	8.00L	8.00L	8.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	3.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	8.00L	8.00L	8.00L	85
86 CHOLESTEROL TEST					6.00L	6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST					7.00	7.00*	7.00*	7.00*	87
88 HEMATOCRIT					3.00L	3.50L	3.00L	4.00*	88
89 PLATELET COUNT (REES-ECKER)					8.00*	8.00*	8.00*	8.00*	89
90 POTASSIUM TEST - BLOOD					8.00*	8.00*	7.50	8.00*	90
91 PROTHROMBIN TIME TEST					7.00*	6.50L	6.00	6.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	6.00L	92
93 BLOOD SUGAR					5.00L	5.50L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.00L	6.00*	6.00*	6.00*	94
95 URIC ACID					5.00L	7.00*	6.00L	7.00*	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	6.00	5.00	5.00	96
97 PAP TEST					7.00L	7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00	4.00L	98
99 CHEMICAL URINALYSIS					6.00	6.00	5.00	6.00*	99
100 PATHOLOGY - THREE SPECIMENS					25.00	25.00*	25.00	25.00	100
101 ELEC MONITORING-PACEMAKER					20.00	35.00*	35.00*	35.00*	101
102 OONOR NEPHRECTOMY-UNILATERAL					1200.00	1200.00	1200.00	1200.00	102
103 KIDNEY TRANSPLANT					1882.30	1882.30	1882.30	1882.30	103
104 HOSPITAL BED - RENTAL					60.00L	55.00L	55.00L	70.00*	104
105 WALKER - RENTAL					28.00	18.00	18.00	15.00	105
106 WHEELCHAIR - RENTAL					40.00L	34.00L	35.00L	35.00*	106
107 LIQUID OXYGEN - RENTAL					95.00*	95.00*	65.00	85.00	107
108 HOSPITAL BED - PURCHASE					425.00L	425.00L	425.00L	425.00L	108
109 WALKER - PURCHASE					45.00	43.00*	48.00	45.00	109
110 WHEELCHAIR - PURCHASE					306.80L	300.00L	300.00L	300.00L	110

PUERTO RICO

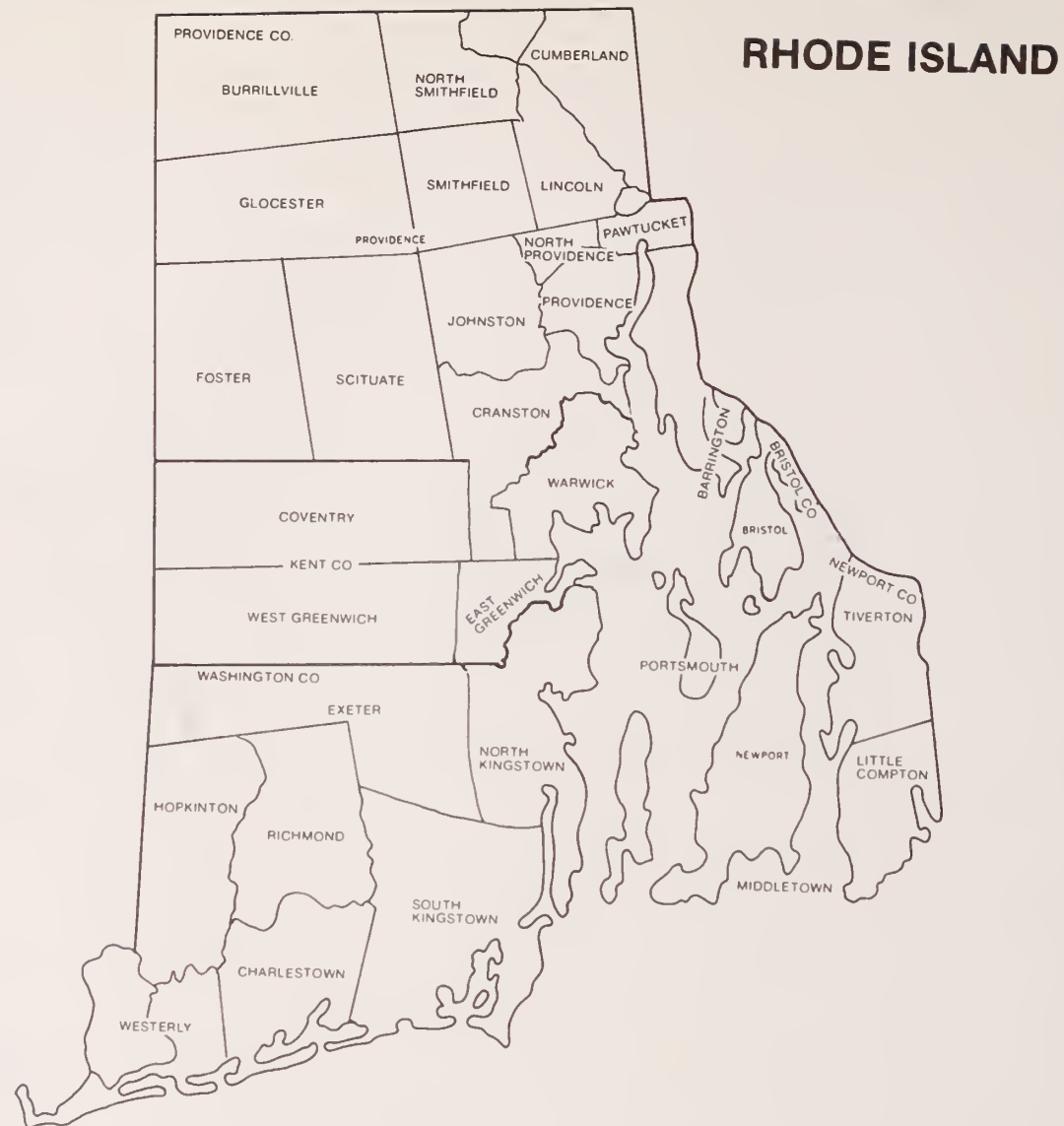
PUERTO RICO



PROCEDURE DESCRIPTION	AREA 1	
1 INITIAL BRIEF OFFICE VISIT	20.00	1
2 INITIAL LIMITED OFFICE VISIT	20.00	2
3 INITIAL INTERMED OFFICE VISIT	20.00	3
4 INITIAL COMP OFFICE VISIT	35.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	20.00	6
7 LIMITED FOLLOWUP OFFICE VISIT	20.00	7
8 INTERMEDIATE F/U OFFICE VISIT	24.30*	8
9 EXTENDED F/U OFFICE VISIT	20.00	9
10 COMP FOLLOWUP OFFICE VISIT	15.00	10
11 BRIEF FOLLOWUP HOME VISIT	25.00	11
12 LIMITED FOLLOWUP HOME VISIT	25.00*	12
13 INTERMDIATE F/U HOME VISIT	25.00*	13
14 EXTENDED CARE FACILITY VISIT	16.80*	14
15 BRIEF F/U NURSING HOME VISIT	24.30*	15
16 INITIAL BRIEF HOSPITAL VISIT	45.00*	16
17 INIT INTERMED HOSPITAL VISIT	45.00*	17
18 INITIAL COMP HOSPITAL VISIT	45.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	20.70*	19
20 LIMITED F/U HOSPITAL VISIT	20.70*	20
21 INTERMED F/U HOSPITAL VISIT	20.70	21
22 EXTENDED F/U HOSPITAL VISIT	20.70*	22
23 BRIEF EMERGENCY ROOM VISIT	34.00*	23
24 LIMITED EMERGENCY ROOM VISIT	34.00*	24
25 INTERMED EMERGENCY ROOM VISIT	34.00*	25
26 LIMITED CONSULTATION	40.00	26
27 EXTENSIVE CONSULTATION	40.00	27
28 COMPREHENSIVE CONSULTATION	47.90*	28
29 PSYCHOTHERAPY-ONE HOUR	46.70*	29
30 PSYCHOTHERAPY-HALF HOUR		30
31 CHIROPRACTIC OFFICE VISIT	15.00	31
32 INITIAL PHYSIOTHERAPY	35.00	32
33 F/U PODIATRIC OFFICE VISIT	19.80*	33
34 ELECTROCARDIOGRAM (EKG)	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	30.00	35
36 SPIROMETRY	50.00	36
37 ELECTROENCEPHALOGRAM (EEG)	60.00	37
38 CHEMOTHERAPY	24.80*	38
39 COLLECTION OF SPECIMENS		39
40 DEBRIDEMENT OF NAILS		40
41 SKIN BIOPSY	35.00	41
42 CHEMOCAUTERY		42
43 RADICAL MASTECTOMY	1169.40*	43
44 OPEN REDUCTION OF FRACTURE	800.00	44
45 ARTHROCENTESIS-MAJOR JOINT		45
46 CORONARY ARTERY BYPASS	1681.80*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1121.10*	47
48 NEEDLE PUNCTURE OF BURSA		48
49 BRONCHOSCOPY	168.20*	49
50 THORACENTESIS		50
51 CATHERIZATION OF HEART		51
52 INSERTION OF PACEMAKER	974.50*	52
53 PARTIAL COLECTOMY	1387.10*	53
54 APPENDECTOMY	600.00	54
55 SIGMOIDOSCOPY	36.00	55

PROCEDURE DESCRIPTION	AREA 1	
56 HEMORRHOIDECTOMY	400.40*	56
57 CHOLECYSTECTOMY	856.70*	57
58 REPAIR HERNIA	510.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	80.00	59
60 DILATION OF URETHRA		60
61 PROSTATECTOMY - SUPRAPUBIC	1199.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	1165.60*	62
63 HYSTERECTOMY	895.90*	63
64 INITIAL COMPLETE EYE EXAM	21.30*	64
65 COMPREHENSIVE EYE EXAM	25.00	65
66 EYE EXAM WITH TONOMETRY	19.70*	66
67 EXTRACTION OF LENS	900.00	67
68 CHEST X-RAY - SINGLE VIEW	20.00	68
69 CHEST X-RAY - TWO VIEWS	30.00	69
70 X-RAY SPINE	35.00	70
71 X-RAY HIP	30.00	71
72 X-RAY UPPER GI TRACT	75.00	72
73 X-RAY COLON	75.00	73
74 RADIATION THERAPY-LOW VOLT		74
75 RADIATION THERAPY-SUPER VOLT	60.00	75
76 RADIATION THERAPY-MEGAVOLT	60.00	76
77 CAT SCAN - HEAD	275.00	77
78 CAT SCAN - ABDOMEN	275.00	78
79 THREE CHEMISTRY TESTS	30.00	79
80 NINETEEN CHEMISTRY TESTS	45.00	80
81 CULTURE - OTHER THAN BLOOD	20.00	81
82 HEMOGLOBIN	2.00L	82
83 AUTOMATED BLOOD COUNT		83
84 WHITE CELL COUNT	6.00L	84
85 COMPLETE BLOOD COUNT (CBC)	7.00L	85
86 CHOLESTEROL TEST	6.00L	86
87 FLOCCULATION TEST	20.00	87
88 HEMATOCRIT	2.00L	88
89 PLATELET COUNT (REES-ECKER)	8.00	89
90 POTASSIUM TEST - BLOOD	12.00	90
91 PROTHROMBIN TIME TEST	6.55L	91
92 SEDIMENTATION RATE	5.00L	92
93 BLOOD SUGAR	5.00L	93
94 BUN-UREA - NITROGEN	6.00L	94
95 URIC ACID	5.50L	95
96 FECES-OCCULT BLOOD-SCREENING		96
97 PAP TEST	10.00L	97
98 ROUTINE URINALYSIS	4.00L	98
99 CHEMICAL URINALYSIS	4.00L	99
100 PATHOLOGY - THREE SPECIMENS	35.00	100
101 ELEC MONITORING-PACEMAKER		101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	38.00L	104
105 WALKER - RENTAL	58.50	105
106 WHEELCHAIR - RENTAL	30.00L	106
107 LIQUID OXYGEN - RENTAL		107
108 HOSPITAL BED - PURCHASE	290.00L	108
109 WALKER - PURCHASE	58.50	109
110 WHEELCHAIR - PURCHASE		110

RHODE ISLAND



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

RHODE ISLAND
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		29.48*	1
2 INITIAL LIMITED OFFICE VISIT	29.23*	68.21*	2
3 INITIAL INTERMED OFFICE VISIT		29.48*	3
4 INITIAL COMP OFFICE VISIT	35.00	68.21*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	15.59*	15.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	15.59*	19.49*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.49*	29.23*	7
8 INTERMEDIATE F/U OFFICE VISIT	19.49*	29.23*	8
9 EXTENDED F/U OFFICE VISIT	23.38*	29.23*	9
10 COMP FOLLOWUP OFFICE VISIT	29.23*	48.72*	10
11 BRIEF FOLLOWUP HOME VISIT	23.38*	29.23*	11
12 LIMITED FOLLOWUP HOME VISIT		29.23*	12
13 INTERMDIATE F/U HOME VISIT	23.38*	29.23*	13
14 EXTENDED CARE FACILITY VISIT		29.23*	14
15 BRIEF F/U NURSING HOME VISIT	15.59*	19.49*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.72*	68.21*	16
17 INIT INTERMED HOSPITAL VISIT		68.21*	17
18 INITIAL COMP HOSPITAL VISIT	48.72*	68.21*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.49*	19.49*	19
20 LIMITED F/U HOSPITAL VISIT	29.23*	29.23*	20
21 INTERMED F/U HOSPITAL VISIT	29.23*	29.23*	21
22 EXTENDED F/U HOSPITAL VISIT		29.48*	22
23 BRIEF EMERGENCY ROOM VISIT		31.79*	23
24 LIMITED EMERGENCY ROOM VISIT		31.79*	24
25 INTERMED EMERGENCY ROOM VISIT		31.79*	25
26 LIMITED CONSULTATION	48.72*	30.00*	26
27 EXTENSIVE CONSULTATION		68.21*	27
28 COMPREHENSIVE CONSULTATION		68.21*	28
29 PSYCHOTHERAPY-ONE HOUR		68.21*	29
30 PSYCHOTHERAPY-HALF HOUR		38.98*	30
31 CHIROPRACTIC OFFICE VISIT	14.87*	14.87*	31
32 INITIAL PHYSIOTHERAPY		29.23*	32
33 F/U PODIATRIC OFFICE VISIT		19.49*	33
34 ELECTROCARDIOGRAM (EKG)	38.98*	35.00	34
35 EKG-INTERPRET AND REPORT ONLY	10.25 P	10.25 P	35
36 SPIROMETRY		29.23*	36
37 ELECTROENCEPHALOGRAM (EEG)		75.00	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		28.72*	40
41 SKIN BIOPSY		48.72*	41
42 CHEMOCAUTERY		48.72*	42
43 RADICAL MASTECTOMY		800.00	43
44 OPEN REDUCTION OF FRACTURE		1023.22*	44
45 ARTHROCENTESIS-MAJOR JOINT	29.23*	38.98*	45
46 CORONARY ARTERY BYPASS		2444.20*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1169.40*	47
48 NEEDLE PUNCTURE OF BURSA		29.23*	48
49 BRONCHOSCOPY		243.62*	49
50 THORACENTESIS		58.47*	50
51 CATHERIZATION OF HEART		535.97*	51
52 INSERTION OF PACEMAKER		400.00	52
53 PARTIAL COLECTOMY		1266.85*	53
54 APPENDECTOMY		487.25*	54
55 SIGMOIDOSCOPY		48.72*	55

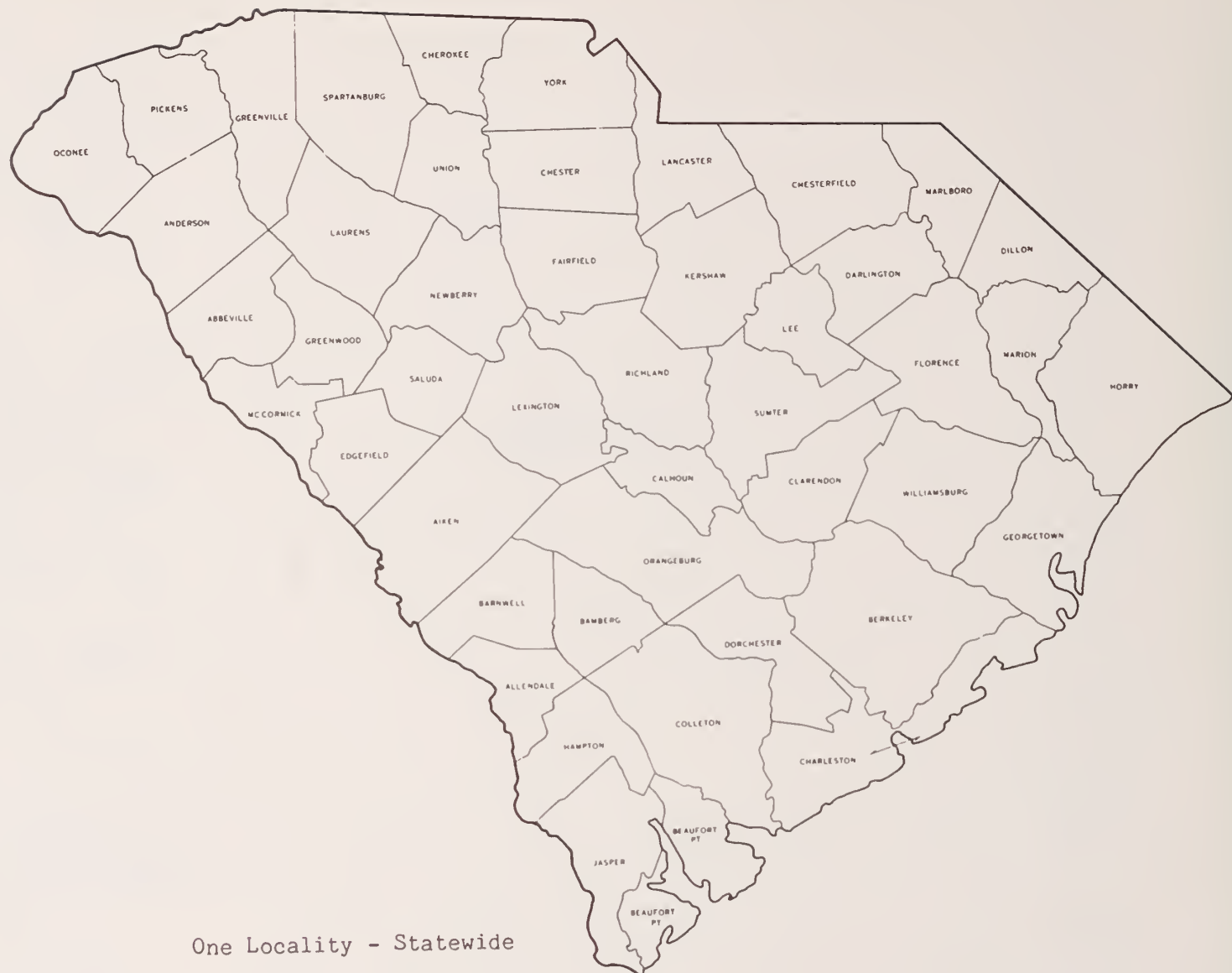
1983 PREVAILING CHARGE SUMMARY DATA B/S OF RHODE ISLAND
LOCALITY DESIGNATION FOR GENERAL PRACTICE

RHODE ISLAND
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		475.00	56
57 CHOLECYSTECTOMY		877.05*	57
58 REPAIR HERNIA		487.25*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	97.45*	97.45*	59
60 DILATION OF URETHRA		29.23*	60
61 PROSTATECTOMY - SUPRAPUBIC		1040.76*	61
62 ELECTROSECTION-PROSTATE (TUR)	877.05*	877.05*	62
63 HYSTERECTOMY		875.00	63
64 INITIAL COMPLETE EYE EXAM		29.23*	64
65 COMPREHENSIVE EYE EXAM		29.23*	65
66 EYE EXAM WITH TONOMETRY		14.61*	66
67 EXTRACTION OF LENS	877.05*	877.05*	67
68 CHEST X-RAY - SINGLE VIEW	28.00	19.49*	68
69 CHEST X-RAY - TWO VIEWS	29.23*	29.23*	69
70 X-RAY SPINE		38.98*	70
71 X-RAY HIP		29.23*	71
72 X-RAY UPPER GI TRACT	68.21*	68.21*	72
73 X-RAY COLON		58.47*	73
74 RADIATION THERAPY-LOW VOLT	17.90	17.90	74
75 RADIATION THERAPY-SUPER VOLT	55.00	55.00	75
76 RADIATION THERAPY-MEGAVOLT		55.00	76
77 CAT SCAN - HEAD		68.21*	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		16.40	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		11.00	81
82 HEMOGLOBIN		2.50L	82
83 AUTOMATED BLOOD COUNT		10.00L	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		10.00L	85
86 CHOLESTEROL TEST		8.00L	86
87 FLOCCULATION TEST		9.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		9.00	89
90 POTASSIUM TEST - BLOOD		9.00	90
91 PROTHROMBIN TIME TEST		8.00L	91
92 SEDIMENTATION RATE		7.00L	92
93 BLOOD SUGAR		7.20L	93
94 BJN-UREA - NITROGEN		8.00L	94
95 URIC ACID		6.00L	95
96 FECES-OCCULT BLOOD-SCREENING		7.00	96
97 PAP TEST		5.00L	97
98 ROUTINE URINALYSIS		6.00L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		25.00	100
101 ELEC MONITORING-PACEMAKER		36.00	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		20.00	104
105 WALKER - RENTAL		8.00	105
106 WHEELCHAIR - RENTAL		15.00	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		646.00	108
109 WALKER - PURCHASE		44.80	109
110 WHEELCHAIR - PURCHASE		289.90	110

SOUTH CAROLINA

SOUTH CAROLINA



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

SOUTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		13.81*	1
2 INITIAL LIMITED OFFICE VISIT	10.87*	15.66*	2
3 INITIAL INTERMED OFFICE VISIT		27.59*	3
4 INITIAL COMP OFFICE VISIT	35.00	61.88*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.44*	13.81*	5
6 BRIEF FOLLOWUP OFFICE VISIT	8.70*	13.81*	6
7 LIMITED FOLLOWUP OFFICE VISIT	10.87*	15.66*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	22.00	8
9 EXTENDED F/U OFFICE VISIT	20.00	34.57*	9
10 COMP FOLLOWUP OFFICE VISIT	35.60*	61.88*	10
11 BRIEF FOLLOWUP HOME VISIT	19.49*	19.49*	11
12 LIMITED FOLLOWUP HOME VISIT		19.49*	12
13 INTERMDIATE F/U HOME VISIT	25.92*	25.92*	13
14 EXTENDED CARE FACILITY VISIT		15.67*	14
15 BRIEF F/U NURSING HOME VISIT	10.89*	17.17*	15
16 INITIAL BRIEF HOSPITAL VISIT	46.50*	45.09*	16
17 INIT INTERMED HOSPITAL VISIT		45.09*	17
18 INITIAL COMP HOSPITAL VISIT	48.72*	68.21*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.94*	17.65*	19
20 LIMITED F/U HOSPITAL VISIT	14.94*	17.65*	20
21 INTERMED F/U HOSPITAL VISIT	20.00	25.00	21
22 EXTENDED F/U HOSPITAL VISIT		34.57*	22
23 BRIEF EMERGENCY ROOM VISIT		18.34*	23
24 LIMITED EMERGENCY ROOM VISIT		18.51*	24
25 INTERMED EMERGENCY ROOM VISIT		18.51*	25
26 LIMITED CONSULTATION	46.36*	46.24*	26
27 EXTENSIVE CONSULTATION		59.24*	27
28 COMPREHENSIVE CONSULTATION		68.21*	28
29 PSYCHOTHERAPY-ONE HOUR		51.86*	29
30 PSYCHOTHERAPY-HALF HOUR		34.57*	30
31 CHIROPRACTIC OFFICE VISIT	10.36*	10.36*	31
32 INITIAL PHYSIOTHERAPY		10.07*	32
33 F/U PODIATRIC OFFICE VISIT		19.49*	33
34 ELECTROCARDIOGRAM (EKG)	25.00	25.00	34
35 EKG-INTERPRET AND REPORT ONLY	9.43*P	9.19*P	35
36 SPIROMETRY		25.00	36
37 ELECTROENCEPHALOGRAM (EEG)		77.80*	37
38 CHEMOTHERAPY		38.00	38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		25.00	40
41 SKIN BIOPSY		38.98*	41
42 CHEMOCAUTERY		10.00	42
43 RADICAL MASTECTOMY		812.75*	43
44 OPEN REDUCTION OF FRACTURE		818.25*	44
45 ARTHROCENTESIS-MAJOR JOINT	24.38*	29.25*	45
46 CORONARY ARTERY BYPASS		3858.06*	46
47 TOTAL ARTIFICIAL HIP REPLACE		2048.14*	47
48 NEEDLE PUNCTURE OF BURSA		32.50*	48
49 BRONCHOSCOPY		194.90*	49
50 THORACENTESIS		68.52*	50
51 CATHERIZATION OF HEART		460.49*	51
52 INSERTION OF PACEMAKER		1169.40*	52
53 PARTIAL COLECTOMY		1080.00	53
54 APPENDECTOMY	416.55*	416.55*	54
55 SIGMOIDOSCOPY		45.00	55

1983 PREVAILING CHARGE SUMMARY DATA B/C-B/S OF SOUTH CAROLINA
LOCALITY DESIGNATION FOR GENERAL PRACTICE

SOUTH CAROLINA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		383.69*	56
57 CHOLECYSTECTOMY		731.63*	57
58 REPAIR HERNIA		439.71*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	97.45*	97.45*	59
60 DILATION OF URETHRA		19.49*	60
61 PROSTATECTOMY - SUPRAPUBIC		935.52*	61
62 ELECTROSECTION-PROSTATE (TUR)	779.60*	779.60*	62
63 HYSTERECTOMY		779.60*	63
64 INITIAL COMPLETE EYE EXAM		34.57*	64
65 COMPREHENSIVE EYE EXAM		33.60	65
66 EYE EXAM WITH TONOMETRY		15.55*	66
67 EXTRACTION OF LENS	779.60*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	25.00	9.74*P	68
69 CHEST X-RAY - TWO VIEWS	30.00	14.73*P	69
70 X-RAY SPINE		22.00 P	70
71 X-RAY HIP		16.00 P	71
72 X-RAY UPPER GI TRACT	68.21*	34.08*P	72
73 X-RAY COLON		33.07*P	73
74 RADIATION THERAPY-LOW VOLT	15.00 P	15.00 P	74
75 RADIATION THERAPY-SUPER VOLT	19.49*P	19.49*P	75
76 RADIATION THERAPY-MEGAVOLT		24.69*P	76
77 CAT SCAN - HEAD		85.00 P	77
78 CAT SCAN - ABDOMEN		88.36*P	78
79 THREE CHEMISTRY TESTS		8.00	79
80 NINETEEN CHEMISTRY TESTS		15.00	80
81 CULTURE - OTHER THAN BLOOD		13.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		10.00	83
84 WHITE CELL COUNT		3.00L	84
85 COMPLETE BLOOD COUNT (CBC)		8.00L	85
86 CHOLESTEROL TEST		6.00L	86
87 FLOCCULATION TEST		7.40	87
88 HEMATOCRIT		3.50L	88
89 PLATELET COUNT (REES-ECKER)		7.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		5.00L	91
92 SEDIMENTATION RATE		4.50L	92
93 BLOOD SUGAR		6.00L	93
94 BUN-UREA - NITROGEN		7.00L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		6.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMENS		31.00	100
101 ELEC MONITORING-PACEMAKER		30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1008.00	102
103 KIDNEY TRANSPLANT		2016.00	103
104 HOSPITAL BED - RENTAL		47.00L	104
105 WALKER - RENTAL		12.48	105
106 WHEELCHAIR - RENTAL		31.20L	106
107 LIQUID OXYGEN - RENTAL		71.40	107
108 HOSPITAL BED - PURCHASE		410.30L	108
109 WALKER - PURCHASE		45.00	109
110 WHEELCHAIR - PURCHASE		270.00L	110

SOUTH DAKOTA

SOUTH DAKOTA



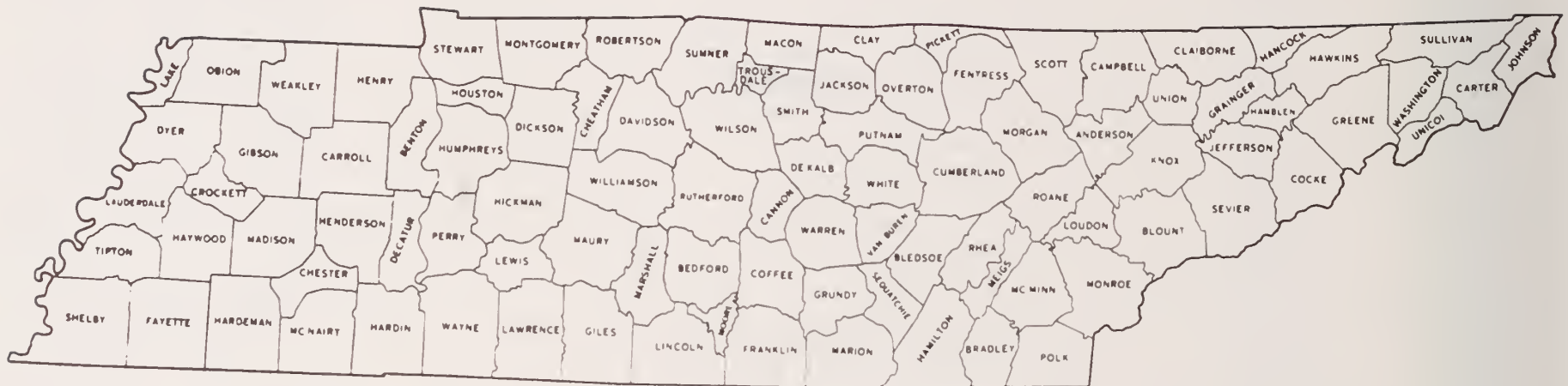
One Locality - Statewide

PROCEDURE DESCRIPTION	SINGLE	
1 INITIAL BRIEF OFFICE VISIT	20.90*	1
2 INITIAL LIMITED OFFICE VISIT	25.00*	2
3 INITIAL INTERMED OFFICE VISIT		3
4 INITIAL COMP OFFICE VISIT	40.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.70*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	7
8 INTERMEDIATE F/U OFFICE VISIT	20.00	8
9 EXTENDED F/U OFFICE VISIT	29.30*	9
10 COMP FOLLOWUP OFFICE VISIT	38.90*	10
11 BRIEF FOLLOWUP HOME VISIT	15.40*	11
12 LIMITED FOLLOWUP HOME VISIT	21.30*	12
13 INTERMDIATE F/U HOME VISIT		13
14 EXTENDED CARE FACILITY VISIT	18.00	14
15 BRIEF F/U NURSING HOME VISIT	11.70	15
16 INITIAL BRIEF HOSPITAL VISIT	35.10*	16
17 INIT INTERMED HOSPITAL VISIT	51.80*	17
18 INITIAL COMP HOSPITAL VISIT	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	19.60*	20
21 INTERMED F/U HOSPITAL VISIT		21
22 EXTENDED F/U HOSPITAL VISIT	38.90*	22
23 BRIEF EMERGENCY ROOM VISIT	18.30*	23
24 LIMITED EMERGENCY ROOM VISIT	34.40*	24
25 INTERMED EMERGENCY ROOM VISIT		25
26 LIMITED CONSULTATION	48.70*	26
27 EXTENSIVE CONSULTATION	48.70*	27
28 COMPREHENSIVE CONSULTATION	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR	60.00	29
30 PSYCHOTHERAPY-HALF HOUR	42.00	30
31 CHIROPRACTIC OFFICE VISIT	12.30*	31
32 INITIAL PHYSIOTHERAPY	15.00	32
33 F/U PODIATRIC OFFICE VISIT		33
34 ELECTROCARDIOGRAM (EKG)	24.90*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00 P	35
36 SPIROMETRY	30.00	36
37 ELECTROENCEPHALOGRAM (EEG)	110.00	37
38 CHEMOTHERAPY	20.00	38
39 COLLECTION OF SPECIMENS	3.00	39
40 DEBRIDEMENT OF NAILS	16.00	40
41 SKIN BIOPSY	35.10*	41
42 CHEMOCAUTERY	19.60*	42
43 RADICAL MASTECTOMY	770.90*	43
44 OPEN REDUCTION OF FRACTURE	779.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	19.60*	45
46 CORONARY ARTERY BYPASS	3402.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE	1884.40*	47
48 NEEDLE PUNCTURE OF BURSA	23.40*	48
49 BRONCHOSCOPY	194.90*	49
50 THORACENTESIS	35.10*	50
51 CATHERIZATION OF HEART		51
52 INSERTION OF PACEMAKER	1169.60*	52
53 PARTIAL COLECTOMY	974.70*	53
54 APPENDECTOMY	430.00*	54
55 SIGMOIDOSCOPY	35.10*	55

PROCEDURE DESCRIPTION	SINGLE	
56 HEMORRHOIDECTOMY	292.60*	56
57 CHOLECYSTECTOMY	701.70*	57
58 REPAIR HERNIA	409.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	59
60 DILATION OF URETHRA	22.00	60
61 PROSTATECTOMY - SUPRAPUBIC	935.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	877.10*	62
63 HYSTERECTOMY	630.70*	63
64 INITIAL COMPLETE EYE EXAM	31.80*	64
65 COMPREHENSIVE EYE EXAM		65
66 EYE EXAM WITH TONOMETRY		66
67 EXTRACTION OF LENS	935.80*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	68
69 CHEST X-RAY - TWO VIEWS	35.10*	69
70 X-RAY SPINE	18.90*	70
71 X-RAY HIP	37.00	71
72 X-RAY UPPER GI TRACT	69.00	72
73 X-RAY COLON	68.20*	73
74 RADIATION THERAPY-LOW VOLT	19.60*	74
75 RADIATION THERAPY-SUPER VOLT	19.60*	75
76 RADIATION THERAPY-MEGAVOLT		76
77 CAT SCAN - HEAD	325.70*	77
78 CAT SCAN - ABOOMEN	62.25 P	78
79 THREE CHEMISTRY TESTS	27.00	79
80 NINETEEN CHEMISTRY TESTS	30.00	80
81 CULTURE - OTHER THAN BLOOD	12.00	81
82 HEMOGLOBIN	4.00L	82
83 AUTOMATED BLOOD COUNT	16.00	83
84 WHITE CELL COUNT	5.00L	84
85 COMPLETE BLOOD COUNT (CBC)	9.30L	85
86 CHOLESTEROL TEST	7.00L	86
87 FLOCCULATION TEST	12.00	87
88 HEMATOCRIT	4.00L	88
89 PLATELET COUNT (REES-ECKER)	7.75	89
90 POTASSIUM TEST - BLOOD	12.00	90
91 PROTHROMBIN TIME TEST	7.00L	91
92 SEDIMENTATION RATE	5.00L	92
93 BLOOD SUGAR	7.00L	93
94 BUN-UREA - NITROGEN	7.00L	94
95 URIC ACID	6.90	95
96 FECES-OCULT BLOOD-SCREENING	5.00	96
97 PAP TEST	6.00L	97
98 ROUTINE URINALYSIS	5.00L	98
99 CHEMICAL URINALYSIS	4.00	99
100 PATHOLOGY - THREE SPECIMENS	24.00	100
101 ELEC MONITORING-PACEMAKER	92.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		102
103 KIDNEY TRANSPLANT		103
104 HOSPITAL BED - RENTAL	56.70	104
105 WALKER - RENTAL	13.00	105
106 WHEELCHAIR - RENTAL	28.70	106
107 LIQUID OXYGEN - RENTAL		107
108 HOSPITAL BED - PURCHASE		108
109 WALKER - PURCHASE	54.70	109
110 WHEELCHAIR - PURCHASE	334.00	110

TENNESSEE

TENNESSEE



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TENNESSEE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	35	35	
1 INITIAL BRIEF OFFICE VISIT		23.40*	1
2 INITIAL LIMITED OFFICE VISIT	25.00	48.70*	2
3 INITIAL INTERMED OFFICE VISIT			3
4 INITIAL COMP OFFICE VISIT	36.00	58.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	9.80*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT			7
8 INTERMEDiate F/U OFFICE VISIT	15.70*	19.60*	8
9 EXTENDED F/U OFFICE VISIT	19.40*	23.40*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00*	38.90*	10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	23.40*	11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDiate F/U HOME VISIT	25.00	25.00	13
14 EXTENDED CARE FACILITY VISIT		19.60*	14
15 BRIEF F/U NURSING HOME VISIT	9.80*	13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.30*	29.30*	16
17 INIT INTERMED HOSPITAL VISIT		58.50*	17
18 INITIAL COMP HOSPITAL VISIT	50.00	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.80*	15.70*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	19.60*	19.60*	21
22 EXTENDED F/U HOSPITAL VISIT		35.00	22
23 BRIEF EMERGENCY ROOM VISIT		18.70*	23
24 LIMITED EMERGENCY ROOM VISIT		23.30*	24
25 INTERMED EMERGENCY ROOM VISIT		38.80*	25
26 LIMITED CONSULTATION	19.60*	29.30*	26
27 EXTENSIVE CONSULTATION		58.50*	27
28 COMPREHENSIVE CONSULTATION		80.00*	28
29 PSYCHOTHERAPY-ONE HOUR		38.90*	29
30 PSYCHOTHERAPY-HALF HOUR		49.80*	30
31 CHIROPRACTIC OFFICE VISIT		11.50*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		13.60*	33
34 ELECTROCARDIOGRAM (EKG)	25.00	28.00	34
35 EKG-INTERPRET AND REPORT ONLY	5.00 P	7.50 P	35
36 SPIROMETRY		20.00*	36
37 ELECTROENCEPHALOGRAM (EEG)		78.10*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00	39
40 DEBRIDEMENT OF NAILS		20.00	40
41 SKIN BIOPSY		45.00	41
42 CHEMOCAUTERY		23.40*	42
43 RADICAL MASTECTOMY		842.80*	43
44 OPEN REDUCTION OF FRACTURE		974.70*	44
45 ARTHROCENTESIS-MAJOR JOINT	20.00	20.25*	45
46 CORONARY ARTERY BYPASS		3188.30*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1656.80*	47
48 NEEDLE PUNCTURE OF BURSA		25.00	48
49 BRONCHOSCOPY		214.50*	49
50 THORACENTESIS		48.70*	50
51 CATHETERIZATION OF HEART		725.00*	51
52 INSERTION OF PACEMAKER		974.70*	52
53 PARTIAL COLECTOMY		974.70*	53
54 APPENDECTOMY	506.80*	506.80*	54
55 SIGMOIDOSCOPY		35.20*	55

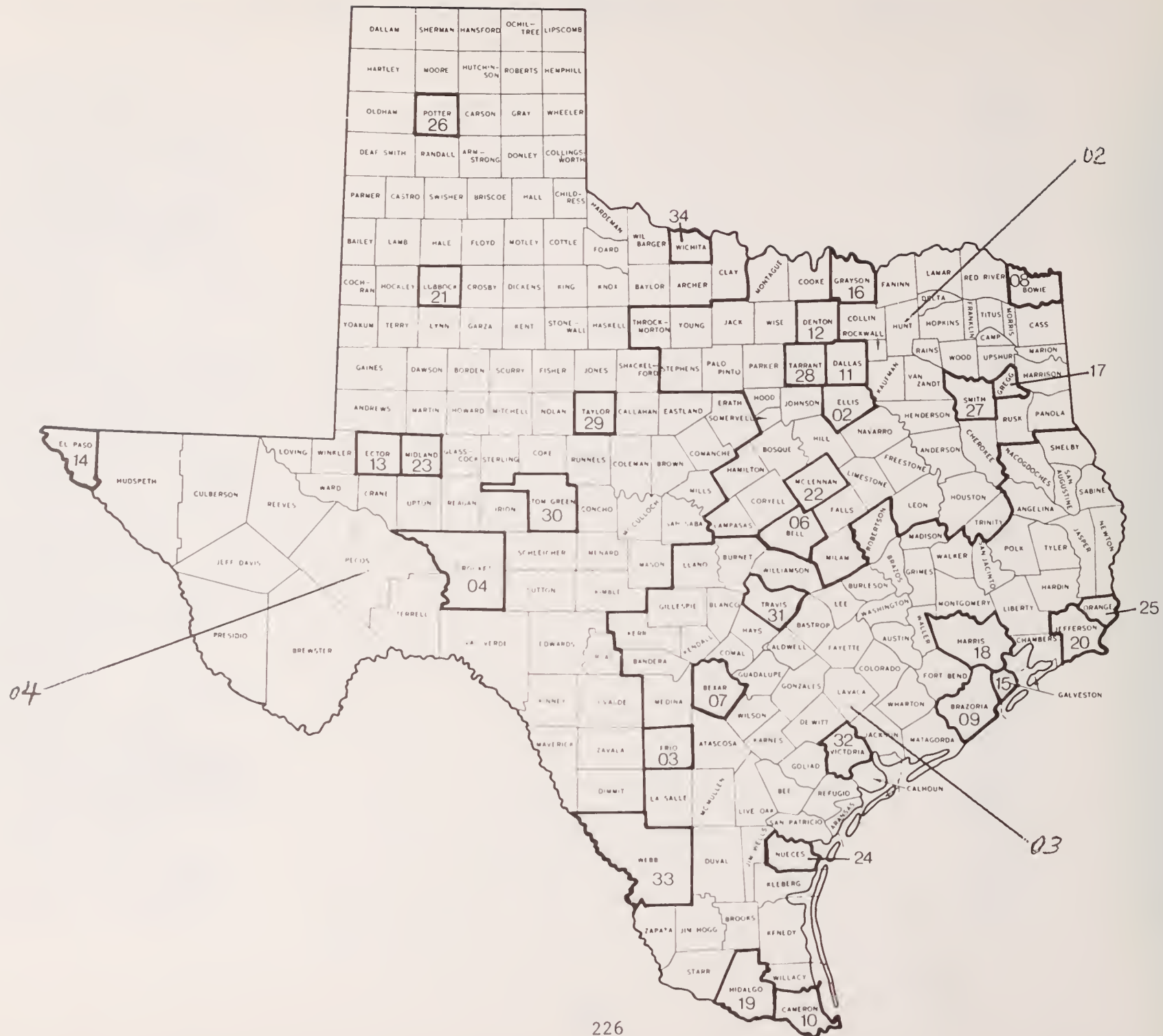
1983 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TENNESSEE
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	35	35	
56 HEMORRHOIDECTOMY		389.90*	56
57 CHOLECYSTECTOMY		706.70*	57
58 REPAIR HERNIA		438.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	48.7D*	48.7D*	59
60 DILATION OF URETHRA		19.60*	60
61 PROSTATECTOMY - SUPRAPUBIC		877.10*	61
62 ELECTROSECTION-PROSTATE (TUR)	702.2D*	857.8D*	62
63 HYSTERECTOMY		779.80*	63
64 INITIAL COMPLETE EYE EXAM		32.00	64
65 COMPREHENSIVE EYE EXAM		37.80*	65
66 EYE EXAM WITH TONOMETRY		21.90*	66
67 EXTRACTION OF LENS		779.80*	67
68 CHEST X-RAY - SINGLE VIEW	21.60*	27.75	68
69 CHEST X-RAY - TWO VIEWS	29.30*	29.30*	69
70 X-RAY SPINE		43.90*	70
71 X-RAY HIP		33.10*	71
72 X-RAY UPPER GI TRACT	68.20*	68.2D*	72
73 X-RAY COLON		58.50*	73
74 RADIATION THERAPY-LOW VOLT		22.00	74
75 RADIATION THERAPY-SUPER VOLT		29.30*	75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		10.50	79
80 NINETEEN CHEMISTRY TESTS		21.00	80
81 CULTURE - OTHER THAN BLOOD		18.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		4.50L	84
85 COMPLETE BLOOD COUNT (CBC)		7.50L	85
86 CHOLESTEROL TEST		6.00L	86
87 FLOCCULATION TEST		7.00	87
88 HEMATOCRIT		4.00L	88
89 PLATELET COUNT (REES-ECKER)		9.00	89
90 POTASSIUM TEST - BLOOD		10.00	90
91 PROTHROMBIN TIME TEST		6.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		6.50L	93
94 BUN-UREA - NITROGEN		8.00L	94
95 URIC ACID		7.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		3.00	99
100 PATHOLOGY - THREE SPECIMENS		33.30*	100
101 ELEC MONITORING-PACEMAKER		30.00	101
102 DONOR NEPHRECTOMY-UNILATERAL		1308.20	102
103 KIDNEY TRANSPLANT		1694.10*	103
104 HOSPITAL BED - RENTAL		46.00L	104
105 WALKER - RENTAL		13.00	105
106 WHEELCHAIR - RENTAL		27.89L	106
107 LIQUID OXYGEN - RENTAL		90.00	107
108 HOSPITAL BED - PURCHASE		414.29L	108
109 WALKER - PURCHASE		57.72	109
110 WHEELCHAIR - PURCHASE		239.06L	110

TEXAS

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LOCALITY DESIGNATION FOR GENERAL PRACTICE

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	01	02	03	
1 INITIAL BRIEF OFFICE VISIT				35.00*	25.00*		1
2 INITIAL LIMITED OFFICE VISIT		31.00		48.70*	58.50*		2
3 INITIAL INTERMED OFFICE VISIT							3
4 INITIAL COMP OFFICE VISIT		45.00		68.20*	78.00*		4
5 MINIMAL FOLLOWUP OFFICE VISIT							5
6 BRIEF FOLLOWUP OFFICE VISIT		13.60*		15.60*	17.50*		6
7 LIMITED FOLLOWUP OFFICE VISIT		19.50*		19.50*	19.50*		7
8 INTERMEDIATE F/U OFFICE VISIT		19.50*		19.50*	25.00*		8
9 EXTENDED F/U OFFICE VISIT		20.00		48.70*	30.50*		9
10 COMP FOLLOWUP OFFICE VISIT		27.30*		39.00*	57.00		10
11 BRIEF FOLLOWUP HOME VISIT		23.40*			23.40*		11
12 LIMITED FOLLOWUP HOME VISIT							12
13 INTERMDIATE F/U HOME VISIT		30.00			30.00		13
14 EXTENDED CARE FACILITY VISIT				27.30*	33.10*		14
15 BRIEF F/U NURSING HOME VISIT		11.00		15.60*	23.40*		15
16 INITIAL BRIEF HOSPITAL VISIT		48.70*		29.20*	48.70*		16
17 INIT INTERMED HOSPITAL VISIT				39.00*	68.20*		17
18 INITIAL COMP HOSPITAL VISIT		68.20*		87.70*	78.00*		18
19 BRIEF FOLLOWUP HOSPITAL VISIT		19.50*		13.60*	19.50*		19
20 LIMITED F/U HOSPITAL VISIT		20.00*		19.00	23.40*		20
21 INTERMED F/U HOSPITAL VISIT							21
22 EXTENDED F/U HOSPITAL VISIT				26.00	20.00*		22
23 BRIEF EMERGENCY ROOM VISIT				15.60*	17.50*		23
24 LIMITED EMERGENCY ROOM VISIT				35.00*	25.00*		24
25 INTERMED EMERGENCY ROOM VISIT				48.70*	58.50*		25
26 LIMITED CONSULTATION		40.90*		58.50*	48.70*		26
27 EXTENSIVE CONSULTATION				68.20*	57.00		27
28 COMPREHENSIVE CONSULTATION				87.70*	75.00		28
29 PSYCHOTHERAPY-ONE HOUR					39.00*		29
30 PSYCHOTHERAPY-HALF HOUR					29.20*		30
31 CHIROPRACTIC OFFICE VISIT		15.00			14.20*		31
32 INITIAL PHYSIOTHERAPY				19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT				17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)		29.20*		30.00	29.00		34
35 EKG-INTERPRET AND REPORT ONLY		9.70*		18.00	15.00		35
36 SPIROMETRY				35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)				90.00	90.00	90.00	37
38 CHEMOTHERAPY				27.00	15.00		38
39 COLLECTION OF SPECIMENS							39
40 DEBRIDEMENT OF NAILS					25.00	23.40*	40
41 SKIN BIOPSY					40.00	35.10*	41
42 CHEMOCAUTERY					30.00	30.00	42
43 RADICAL MASTECTOMY					974.50*	734.80*	43
44 OPEN REDUCTION OF FRACTURE					962.80*		44
45 ARTHROCENTESIS-MAJOR JOINT		5.00			21.40*		45
46 CORONARY ARTERY BYPASS							46
47 TOTAL ARTIFICIAL HIP REPLACE					2200.00		47
48 NEEDLE PUNCTURE OF BURSA					25.00	23.40*	48
49 BRONCHOSCOPY					198.80*	194.90*	49
50 THORACENTESIS							50
51 CATHERIZATION OF HEART							51
52 INSERTION OF PACEMAKER					1325.30*	1750.00	52
53 PARTIAL COLECTOMY					1060.25*	904.30*	53
54 APPENDECTOMY		341.10*			487.25*	438.50*	54
55 SIGMOIDOSCOPY					35.00	48.70*	55

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PROCEDURE DESCRIPTION	01	02	03	01	02	03	
56 HEMORRHOIDECTOMY					487.25*	584.70*	56
57 CHOLECYSTECTOMY					779.60*	779.60*	57
58 REPAIR HERNIA					511.00	506.70*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		48.70*					59
60 DILATION OF URETHRA							60
61 PROSTATECTOMY - SUPRAPUBIC							61
62 ELECTROSECTION-PROSTATE (TUR)		779.60*					62
63 HYSTERECTOMY					1009.60*		63
64 INITIAL COMPLETE EYE EXAM							64
65 COMPREHENSIVE EYE EXAM					35.00		65
66 EYE EXAM WITH TONOMETRY					15.00		66
67 EXTRACTION OF LENS		850.00			828.30*		67
68 CHEST X-RAY - SINGLE VIEW		23.40*			25.30*		68
69 CHEST X-RAY - TWO VIEWS		29.20*			39.00*		69
70 X-RAY SPINE					64.30*		70
71 X-RAY HIP					39.00*		71
72 X-RAY UPPER GI TRACT		64.30*			82.80*		72
73 X-RAY COLON					78.00*		73
74 RADIATION THERAPY-LOW VOLT		3.90*			3.90*		74
75 RADIATION THERAPY-SUPER VOLT		25.00			19.50*		75
76 RADIATION THERAPY-MEGAVOLT					23.40*		76
77 CAT SCAN - HEAD					415.00		77
78 CAT SCAN - ABDOMEN					400.00		78
79 THREE CHEMISTRY TESTS				30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS				37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD				15.00	15.00	15.00	81
82 HEMOGLOBIN				4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT				14.00	14.00	14.00	83
84 WHITE CELL COUNT				4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)				9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST				8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST				10.00	10.00	10.00	87
88 HEMATOCRIT				3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)				9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD				11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST				8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE				6.00L	6.00L	6.00L	92
93 BLOOD SUGAR				8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN				9.00L	9.00L	9.00L	94
95 URIC ACID				8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING				6.00	6.00	6.00	96
97 PAP TEST				10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS				6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS				7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS							100
101 ELEC MONITORING-PACEMAKER							101
102 DONOR NEPHRECTOMY-UNILATERAL							102
103 KIDNEY TRANSPLANT							103
104 HOSPITAL BED - RENTAL				45.00L	45.00L	45.00L	104
105 WALKER - RENTAL				17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL				27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL				78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE				450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE				57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE				250.00L	250.00L	250.00L	110

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	06	07	08	09	06	07	08	09	
1 INITIAL BRIEF OFFICE VISIT						19.50*	19.50*	19.50*	1
2 INITIAL LIMITED OFFICE VISIT		24.50	21.50	20.00		45.00	35.00	40.00	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT		35.00	35.00	35.00		48.70*	60.00	65.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT		11.70*	11.70*	9.70*		13.60*	15.60*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT		13.60*	13.60*	11.70*		19.50*	19.50*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT		16.00*	19.50*	15.00*		15.00*	15.60*	23.40*	8
9 EXTENDED F/U OFFICE VISIT		20.00	20.00	25.00		30.00*	35.00	35.00	9
10 COMP FOLLOWUP OFFICE VISIT		29.20*	29.20*	40.00		45.00	48.70*	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT		19.50*	19.50*	19.50*		19.50*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT		25.00	25.00	35.00		25.00	25.00	35.00	13
14 EXTENDED CARE FACILITY VISIT						24.00	25.00	27.30*	14
15 BRIEF F/U NURSING HOME VISIT		15.60*	13.60*	13.60*		19.50*	19.50*	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT		29.20*	39.00*	29.20*		39.00*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT						48.70*	50.70*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT		48.70*	48.70*	48.70*		58.50*	75.00	78.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT		13.60*	15.60*	13.60*		15.60*	19.50*	14.60*	19
20 LIMITED F/U HOSPITAL VISIT		19.50*	21.00*	23.00*		19.50*	29.20*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT						29.20*	29.20*	12.50	22
23 BRIEF EMERGENCY ROOM VISIT						13.60*	15.60*	11.70*	23
24 LIMITED EMERGENCY ROOM VISIT						19.50*	19.50*	19.50*	24
25 INTERMED EMERGENCY ROOM VISIT						45.00	35.00	40.00	25
26 LIMITED CONSULTATION		29.20*	35.00	39.00*		48.70*	48.70*	55.00	26
27 EXTENSIVE CONSULTATION						48.70*	60.00	78.00*	27
28 COMPREHENSIVE CONSULTATION						75.00	75.00	75.00	28
29 PSYCHOTHERAPY-ONE HOUR						39.00*	39.00*	30.50*	29
30 PSYCHOTHERAPY-HALF HOUR						39.00*	29.20*	29.20*	30
31 CHIROPRACTIC OFFICE VISIT		11.70*	13.60*	11.70*		14.20*	14.20*	14.20*	31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)		27.50	29.20*	29.20*		29.20*	29.20*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY		18.00	14.60*	10.00*		19.50*	14.60*	15.00*	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY						25.00	20.00	20.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS						23.40*	23.40*	23.40*	40
41 SKIN BIOPSY						29.20*	39.00*	29.20*	41
42 CHEMOCAUTERY						28.00	30.00	30.00	42
43 RADICAL MASTECTOMY						779.60*	760.10*	723.10*	43
44 OPEN REDUCTION OF FRACTURE						974.50*	974.50*	1072.00*	44
45 ARTHROCENTESIS-MAJOR JOINT		23.40*	29.20*	19.50*		25.00	35.00	20.00	45
46 CORONARY ARTERY BYPASS						5250.00	3600.00	3400.00	46
47 TOTAL ARTIFICIAL HIP REPLACE						2000.00	2500.00	2230.00	47
48 NEEDLE PUNCTURE OF BURSA						23.40*	25.00	23.40*	48
49 BRONCHOSCOPY						292.40*	200.00*	194.90*	49
50 THORACENTESIS						40.90*	50.00*	50.00*	50
51 CATHERIZATION OF HEART						613.90*	584.70*	600.00	51
52 INSERTION OF PACEMAKER						1169.40*	1000.00	1110.90*	52
53 PARTIAL COLECTOMY						935.50*	935.50*	888.70*	53
54 APPENDECTOMY		485.00	438.50*	438.50*		467.80*	389.80*	389.80*	54
55 SIGMOIDOSCOPY						48.00	60.00	40.00	55

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	06	07	08	09	06	07	08	09	
56 HEMORRHOIDECTOMY						341.10*	389.80*	389.80*	56
57 CHOLECYSTECTOMY						779.60*	682.20*	760.10*	57
58 REPAIR HERNIA						438.50*	438.50*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		65.00	66.00	65.00		65.00	66.00	66.20*	59
60 DILATION OF URETHRA						15.00	19.50*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC						935.50*	877.10*	950.00	61
62 ELECTROSECTION-PROSTATE (TUR)		657.60*	919.90*	826.40*		925.80*	779.60*	974.50*	62
63 HYSTERECTOMY						859.50*	927.70*	873.20*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						38.00	39.00*	39.00*	65
66 EYE EXAM WITH TONOMETRY						17.00	13.60*	19.50*	66
67 EXTRACTION OF LENS		682.20*	1000.00	900.00		779.60*	779.60*	828.30*	67
68 CHEST X-RAY - SINGLE VIEW		23.40*	25.00	24.40*		34.10*	20.00	25.30*	68
69 CHEST X-RAY - TWO VIEWS		29.20*	35.00	31.20*		34.10*	39.00	34.10*	69
70 X-RAY SPINE						50.00	65.00	58.50*	70
71 X-RAY HIP						30.00	39.00*	34.10*	71
72 X-RAY UPPER GI TRACT		68.20*	60.00	68.20*		70.00	68.20*	78.00*	72
73 X-RAY COLON						65.00	63.30*	68.20*	73
74 RADIATION THERAPY-LOW VOLT		3.90*	3.90*	3.90*		3.90*	3.90*	3.90*	74
75 RADIATION THERAPY-SUPER VOLT		35.10*	20.00	20.00		21.40*	19.50*	19.50*	75
76 RADIATION THERAPY-MEGAVOLT						27.30*	20.00	23.40*	76
77 CAT SCAN - HEAD						375.00	285.00	335.00	77
78 CAT SCAN - ABDOMEN						390.00	400.00	400.00	78
79 THREE CHEMISTRY TESTS					30.00L	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00L	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS						71.00	50.00	47.70	100
101 ELEC MONITORING-PACEMAKER						30.00	30.00	30.00	101
102 DONOR NEPHRECTOMY UNILATERAL						1309.70*	1309.70*	1320.00	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	11	12	13	14	11	12	13	14	
1 INITIAL BRIEF OFFICE VISIT						19.50*			1
2 INITIAL LIMITED OFFICE VISIT	29.20*	29.20*	17.00	25.00		39.00*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	65.00	40.00	28.00	35.00		68.20*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	9.70*	13.60*	13.60*	13.60*		19.50*			6
7 LIMITED FOLLOWUP OFFICE VISIT	11.70*	19.50*	13.60*	13.60*		19.50*			7
8 INTERMEDIATE F/U OFFICE VISIT	19.50*	27.00	25.00	13.60*		27.30*			8
9 EXTENDED F/U OFFICE VISIT	27.00	19.50*	25.00	27.00		26.00*			9
10 COMP FOLLOWUP OFFICE VISIT	40.00	45.00	40.00	40.00		55.00			10
11 BRIEF FOLLOWUP HOME VISIT	20.00	23.40*	19.50*	25.00	20.00	23.40*	19.50*	25.00	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	30.00	30.00	30.00	30.00	30.00	30.00	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT						33.10*			14
15 BRIEF F/U NURSING HOME VISIT	20.00	19.50*	9.70*	19.50*		19.50*			15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	29.20*	39.00*		58.50*			16
17 INIT INTERMED HOSPITAL VISIT						68.20*			17
18 INITIAL COMP HOSPITAL VISIT	48.70*	75.00	48.70*	48.70*		78.00*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	19.50*	17.50*	19.50*		19.50*			19
20 LIMITED F/U HOSPITAL VISIT	11.70*	29.20*	19.50*	19.50*		29.20*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT						45.00			22
23 BRIEF EMERGENCY ROOM VISIT						19.50*			23
24 LIMITED EMERGENCY ROOM VISIT						19.50*			24
25 INTERMED EMERGENCY ROOM VISIT						39.00*			25
26 LIMITED CONSULTATION	25.30*	39.00*	42.90*	48.70*		48.70*			26
27 EXTENSIVE CONSULTATION						48.70*			27
28 COMPREHENSIVE CONSULTATION						97.50*			28
29 PSYCHOTHERAPY-ONE HOUR						58.50*			29
30 PSYCHOTHERAPY-HALF HOUR						39.00*			30
31 CHIROPRACTIC OFFICE VISIT	13.60*	15.00	13.60*	15.00		13.00*			31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	36.00	25.00	29.20*		34.10*			34
35 EKG-INTERPRET AND REPORT ONLY	13.60*	10.00	15.00	15.00		16.60*			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY						23.40*			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS						25.00	21.40*	23.40*	40
41 SKIN BIOPSY						35.00*	31.20*	21.40*	41
42 CHEMOCAUTERY						30.00	30.00	30.00	42
43 RADICAL MASTECTOMY						1023.20*	672.40*	748.40*	43
44 OPEN REDUCTION OF FRACTURE						974.50*			44
45 ARTHROCENTESIS-MAJOR JOINT	19.50*	29.20*	24.40*	25.00		29.20*			45
46 CORONARY ARTERY BYPASS						4100.00			46
47 TOTAL ARTIFICIAL HIP REPLACE						2200.00			47
48 NEEDLE PUNCTURE OF BURSA						25.00	21.40*	23.40*	48
49 BRONCHOSCOPY						275.00	155.90*	173.50*	49
50 THORACENTESIS									50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER						1461.75*	1033.00*	1149.90*	52
53 PARTIAL COLECTOMY						1169.40*	826.40*	919.90*	53
54 APPENDECTOMY	374.20*	485.00	389.80*	485.00		584.70*	389.80*	460.00*	54
55 SIGMOIDOSCOPY						48.70*	31.20*	35.10*	55

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PROCEDURE DESCRIPTION	11	12	13	14	11	12	13	14	
56 HEMORRHOIDECTOMY						536.00*	438.50*	345.00*	56
57 CHOLECYSTECTOMY						877.10*	584.70*	689.90*	57
58 REPAIR HERNIA						584.70*	389.80*	403.40*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	46.80*	39.00*	64.30*	64.30*		48.70*			59
60 DILATION OF URETHRA						28.00			60
61 PROSTATECTOMY - SUPRAPUBIC						974.50*			61
62 ELECTROSECTION-PROSTATE (TUR)	748.40*	1169.40*	1029.10*	1013.50*		935.50*			62
63 HYSTERECTOMY						1091.40*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						38.00			65
66 EYE EXAM WITH TONOMETRY						15.00			66
67 EXTRACTION OF LENS	935.50*	1000.00	1100.00	1100.00		974.50*			67
68 CHEST X-RAY - SINGLE VIEW	21.00	23.40*	19.50*	29.20*		30.00			68
69 CHEST X-RAY - TWO VIEWS	29.20*	33.10*	19.50*	29.20*		31.20*			69
70 X-RAY SPINE						51.00			70
71 X-RAY HIP						32.00			71
72 X-RAY UPPER GI TRACT	66.30*	68.20*	56.50*	58.50*		65.00			72
73 X-RAY COLON						65.00			73
74 RADIATION THERAPY-LOW VOLT	3.90*	3.90*	3.90*	3.90*		3.90*			74
75 RADIATION THERAPY-SUPER VOLT	25.50	20.00	25.50	25.50		15.60*			75
76 RADIATION THERAPY-MEGAVOLT						19.50*			76
77 CAT SCAN - HEAD						415.00			77
78 CAT SCAN - ABOOMEN						400.00			78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS						81.00			100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL						1192.80*			102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

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PROCEDURE DESCRIPTION	15	16	17	18	15	16	17	18	
1 INITIAL BRIEF OFFICE VISIT					19.50*	29.20*			1
2 INITIAL LIMITED OFFICE VISIT	25.00	33.00	35.00	23.40*	39.00	48.70*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	39.00*	45.00	65.00	25.00	68.20*	68.20*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	9.70*	15.60*	14.60*	9.70*	13.60*	19.50*			6
7 LIMITED FOLLOWUP OFFICE VISIT	15.60*	19.50*	15.60*	13.60*	15.60*	19.50*			7
8 INTERMEDIATE F/U OFFICE VISIT	15.60*	23.40*	13.60*	19.50*	30.00*	29.20*			8
9 EXTENDED F/U OFFICE VISIT	19.50*	29.20*	29.20*	23.40*	35.00	29.20*			9
10 COMP FOLLOWUP OFFICE VISIT	44.80*	39.00*	39.00*	40.00	48.70*	58.50*			10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	29.20*	19.50*	19.50*	19.50*	29.20*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	30.00	29.20*	30.00	30.00	30.00	29.20*	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT					15.00	30.00			14
15 BRIEF F/U NURSING HOME VISIT	8.00	19.50*	18.00	19.50*	19.50*	19.50*			15
16 INITIAL BRIEF HOSPITAL VISIT	35.00	48.70*	35.10*	29.20*	30.00*	68.20*			16
17 INIT INTERMED HOSPITAL VISIT					48.70*	68.20*			17
18 INITIAL COMP HOSPITAL VISIT	48.70*	58.50*	68.20*	48.70*	68.20*	68.20*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	9.70*	19.50*	13.60*	9.70*	14.60*	19.50*			19
20 LIMITED F/U HOSPITAL VISIT	23.40*	19.50*	19.50*	13.60*	19.50*	29.20*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					39.00*	29.20*			22
23 BRIEF EMERGENCY ROOM VISIT					13.60*	19.50*			23
24 LIMITED EMERGENCY ROOM VISIT					19.50*	29.20*			24
25 INTERMED EMERGENCY ROOM VISIT					39.00	48.70*			25
26 LIMITED CONSULTATION	19.50*	55.00	42.90*	40.90*	48.70*	58.50*			26
27 EXTENSIVE CONSULTATION					68.00	68.20*			27
28 COMPREHENSIVE CONSULTATION					68.20*	97.50*			28
29 PSYCHOTHERAPY-ONE HOUR						60.00			29
30 PSYCHOTHERAPY-HALF HOUR						30.00			30
31 CHIROPRACTIC OFFICE VISIT	11.70*	15.60*	13.60*	11.70*		15.60*			31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	30.00	29.20*	29.20*	30.00	30.00			34
35 EKG-INTERPRET AND REPORT ONLY	15.00	9.70*	15.00	15.00	9.70*	15.00*			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY					25.00	21.90			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					23.40*	25.00	23.40*	23.40*	40
41 SKIN BIOPSY					40.00	40.00	35.10*	35.10*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					633.40*	974.50*	760.10*	734.80*	43
44 OPEN REDUCTION OF FRACTURE						1091.40*			44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	22.00	35.00		23.00			45
46 CORONARY ARTERY BYPASS						4000.00			46
47 TOTAL ARTIFICIAL HIP REPLACE						2860.00			47
48 NEEDLE PUNCTURE OF BURSA					23.40*	19.50*	23.40*	23.40*	48
49 BRONCHOSCOPY					173.50*	243.60*	194.90*	169.60*	49
50 THORACENTESIS						44.80*			50
51 CATHERIZATION OF HEART						487.25*			51
52 INSERTION OF PACEMAKER					1149.90*	1481.20*	1169.40*	1130.40*	52
53 PARTIAL COLECTOMY					919.90*	1185.00*	935.50*	904.30*	53
54 APPENDECTOMY	485.00	485.00	485.00	460.00*	487.25*	545.70*	487.25*	389.80*	54
55 SIGMOIDOSCOPY					40.00	48.70*	35.10*	35.10*	55

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PROCEDURE DESCRIPTION	15	16	17	18	15	16	17	18	
56 HEMORRHOIDECTOMY					376.20*	500.00	389.80*	292.40*	56
57 CHOLECYSTECTOMY					682.20*	974.50*	682.20*	779.60*	57
58 REPAIR HERNIA					389.80*	536.00*	487.25*	487.25*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	62.40*	65.00	66.00	58.50*		65.00			59
60 DILATION OF URETHRA						19.50*			60
61 PROSTATECTOMY - SUPRAPUBIC						1072.00*			61
62 ELECTROSECTION-PROSTATE (TUR)	997.90*	1185.00*	1107.00*	919.90*		974.50*			62
63 HYSTERECTOMY						995.90*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM						39.00*			65
66 EYE EXAM WITH TONOMETRY						19.50*			66
67 EXTRACTION OF LENS	1100.00	1250.00	1100.00	1100.00		906.30*			67
68 CHEST X-RAY - SINGLE VIEW	16.00	29.20*	29.20*	22.00		15.00			68
69 CHEST X-RAY - TWO VIEWS	19.50*	35.00	35.00	24.40*		36.10*			69
70 X-RAY SPINE						54.00			70
71 X-RAY HIP						27.75			71
72 X-RAY UPPER GI TRACT	52.60*	68.20*	58.50*	70.00		78.00*			72
73 X-RAY COLON						78.00*			73
74 RADIATION THERAPY-LOW VOLT	3.90*	5.00*	3.90*	3.90*		3.90*			74
75 RADIATION THERAPY-SUPER VOLT	25.50	25.00	25.50	25.50		21.40*			75
76 RADIATION THERAPY-MEGAVOLT						25.30*			76
77 CAT SCAN - HEAD						415.00			77
78 CAT SCAN - ABDOMEN						400.00			78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS						67.00			100
101 ELEC MONITORING-PACEMAKER						30.00			101
102 DONOR NEPHRECTOMY-UNILATERAL						1320.00			102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

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LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	19	20	21	22	19	20	21	22	
1 INITIAL BRIEF OFFICE VISIT					25.00*	20.00*			1
2 INITIAL LIMITED OFFICE VISIT	22.00	25.00	29.20*	20.00	48.70*	48.70*			2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	30.00	20.00	48.70*	30.00	58.50*	68.20*			4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	13.60*	9.70*	11.70*	15.60*	23.40*			6
7 LIMITED FOLLOWUP OFFICE VISIT	19.50*	19.50*	11.70*	15.00	15.60*	19.50*			7
8 INTERMEDIATE F/U OFFICE VISIT	19.50*	19.50*	15.60*	25.00	24.00	20.00*			8
9 EXTENDED F/U OFFICE VISIT	20.00	20.00	35.00	27.00	25.00*	39.00*			9
10 COMP FOLLOWUP OFFICE VISIT	30.00	40.00	40.00	40.00	48.70*	68.20*			10
11 BRIEF FOLLOWUP HOME VISIT	23.00	29.20*	17.50*	19.50*	23.00	29.20*	17.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	30.00	30.00	29.20*	29.20*	30.00	30.00	29.20*	29.20*	13
14 EXTENDED CARE FACILITY VISIT					31.20*	33.00			14
15 BRIEF F/U NURSING HOME VISIT	11.70*	15.60*	15.60*	15.60*	19.50*	23.40*			15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	44.80*	29.20*	48.70*	48.70*	48.70*			16
17 INIT INTERMED HOSPITAL VISIT					48.70*	78.00*			17
18 INITIAL COMP HOSPITAL VISIT	48.70*	60.00	50.00	48.70*	68.20*	97.50*			18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	19.50*	15.60*	11.70*	19.50*	23.40*			19
20 LIMITED F/U HOSPITAL VISIT	20.00	21.00*	19.50*	20.00	19.50*	25.00*			20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					39.00*	40.00			22
23 BRIEF EMERGENCY ROOM VISIT					15.60*	23.40*			23
24 LIMITED EMERGENCY ROOM VISIT					25.00*	20.00*			24
25 INTERMED EMERGENCY ROOM VISIT					48.70*	48.70*			25
26 LIMITED CONSULTATION	25.00	40.90*	29.20*	40.90*	58.50*	58.50*			26
27 EXTENSIVE CONSULTATION					68.20*	70.00			27
28 COMPREHENSIVE CONSULTATION					68.20*	78.00*			28
29 PSYCHOTHERAPY-ONE HOUR						78.00*			29
30 PSYCHOTHERAPY-HALF HOUR						29.20*			30
31 CHIROPRACTIC OFFICE VISIT	13.60*	15.00	13.60*	13.60*	14.20*	14.20*			31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	28.00	29.20*	29.20*	34.10*			34
35 EKG-INTERPRET AND REPORT ONLY	9.70*	10.00	15.60*	15.00	20.00	15.00			35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY					23.40*	25.00			38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					25.00	25.00	21.40*	21.40*	40
41 SKIN BIOPSY					40.00	39.00*	39.00*	31.20*	41
42 CHEMOCAUTERY					30.00	30.00	25.00	30.00	42
43 RADICAL MASTECTOMY					886.80*	824.40*	672.40*	672.40*	43
44 OPEN REDUCTION OF FRACTURE					1029.10*				44
45 ARTHROCENTESIS-MAJOR JOINT	29.20*	29.20*	15.00	19.50*	34.00				45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE					2700.00				47
48 NEEDLE PUNCTURE OF BURSA					25.00	25.00	21.40*	21.40*	48
49 BRONCHOSCOPY					275.00	191.00*	194.90*	194.90*	49
50 THORACENTESIS									50
51 CATHERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1364.30*	1266.90*	779.60*	1033.00*	52
53 PARTIAL COLECTOMY					1091.40*	1013.50*	826.40*	826.40*	53
54 APPENDECTOMY	389.80*	485.00	389.80*	389.80*	584.70*	584.70*	389.80*	438.50*	54
55 SIGMOIDOSCOPY					40.90*	68.20*	31.20*	31.20*	55

1983 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV. LOCALITY DESIGNATION FOR GENERAL PRACTICE					TEXAS LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	19	20	21	22	19	20	21	22	
56 HEMORRHOIDECTOMY					487.25*	380.10*	389.80*	292.40*	56
57 CHOLECYSTECTOMY					877.10*	828.30*	584.70*	682.20*	57
58 REPAIR HERNIA					487.25*	584.70*	389.80*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	62.40*	62.40*	52.60*	52.60*					59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)	997.90*	997.90*	826.40*	842.00*					62
63 HYSTERECTOMY					832.20*	941.40*			63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					35.00				65
66 EYE EXAM WITH TONOMETRY					13.00				66
67 EXTRACTION OF LENS	1100.00	1100.00	1033.00*	1052.50*	779.60*				67
68 CHEST X-RAY - SINGLE VIEW	23.40*	29.20*	25.00	29.20*					68
69 CHEST X-RAY - TWO VIEWS	31.20*	35.10*	25.00	29.20*					69
70 X-RAY SPINE									70
71 X-RAY HIP									71
72 X-RAY UPPER GI TRACT	68.20*	70.00	70.00	68.20*					72
73 X-RAY COLON									73
74 RADIATION THERAPY-LOW VOLT	3.90*	3.90*	3.90*	3.90*					74
75 RADIATION THERAPY-SUPER VOLT	25.50	25.50	25.50	25.50					75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

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PROCEDURE DESCRIPTION	23	24	25	26	23	24	25	26	
1 INITIAL BRIEF OFFICE VISIT					29.20*	13.60*	29.20*	23.40*	1
2 INITIAL LIMITED OFFICE VISIT	29.20*	20.00	30.00	34.00	48.70*	48.70*	30.00	48.70*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	48.70*	30.00	45.00	40.00	68.20*	48.70*	50.00	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	9.70*	13.60*	13.60*	19.50*	15.60*	19.50*	19.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	19.50*	11.70*	15.60*	14.60*	29.20*	13.60*	19.50*	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	23.40*	11.70*	15.60*	21.40*	29.20*	19.50*	19.50*	25.00	8
9 EXTENDED F/U OFFICE VISIT	25.00	19.50*	29.20*	23.00	40.00	18.00	40.00	39.00*	9
10 COMP FOLLOWUP OFFICE VISIT	48.70*	35.00	50.00*	29.20*	68.20*	29.20*	25.00	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT	29.20*	19.50*	23.40*	19.50*	29.20*	19.50*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMDIATE F/U HOME VISIT	45.00	30.00	30.00	30.00	45.00	30.00	30.00	30.00	13
14 EXTENDED CARE FACILITY VISIT					30.00	25.30*	25.00	33.00	14
15 BRIEF F/U NURSING HOME VISIT	19.50*	13.60*	23.40*	19.50*	19.50*	11.00	15.00	19.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	39.00*	48.70*	39.00*	58.50*	48.70*	48.70*	68.20*	16
17 INIT INTERMED HOSPITAL VISIT					68.20*	48.70*	58.50*	58.50*	17
18 INITIAL COMP HOSPITAL VISIT	58.50*	48.70*	48.70*	48.70*	68.20*	48.70*	68.20*	68.20*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.50*	15.00*	19.50*	11.70*	19.50*	9.70*	19.50*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	23.40*	19.50*	19.50*	19.50*	29.20*	20.00	23.40*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					35.00	30.00	20.00	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					19.50*	15.60*	19.50*	19.50*	23
24 LIMITED EMERGENCY ROOM VISIT					29.20*	13.60*	29.20*	23.40*	24
25 INTERMED EMERGENCY ROOM VISIT					48.70*	48.70*	30.00	48.70*	25
26 LIMITED CONSULTATION	39.00*	29.20*	27.30*	48.70*	58.50*	48.70*	68.20*	58.50*	26
27 EXTENSIVE CONSULTATION					68.20*	48.70*	68.20*	58.50*	27
28 COMPREHENSIVE CONSULTATION					97.50*	48.70*	78.00*	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR					46.00*				29
30 PSYCHOTHERAPY-HALF HOUR					39.00*				30
31 CHIROPRACTIC OFFICE VISIT	15.60*	13.60*	15.60*	13.60*	15.60*		15.60*	15.60*	31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	29.20*	31.20*	35.00	35.00	30.00	31.20*	34
35 EKG-INTERPRET AND REPORT ONLY	13.00*	8.00	10.00	15.00	15.00*	17.50*	18.00	8.00	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY					30.00	27.00	20.00	15.00	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					25.00	23.40*	25.00	23.40*	40
41 SKIN BIOPSY					35.00	19.50*	39.00*	39.00*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					1169.40*	709.40*	836.10*	748.40*	43
44 OPEN REDUCTION OF FRACTURE					974.50*		935.50*		44
45 ARTHROCENTESIS-MAJOR JOINT	23.00	29.20*	29.20*	15.00	28.00		15.00		45
46 CORONARY ARTERY BYPASS					4500.00				46
47 TOTAL ARTIFICIAL HIP REPLACE					2800.00		2000.00		47
48 NEEDLE PUNCTURE OF BURSA					25.00	23.40*	25.00	23.40*	48
49 BRONCHOSCOPY					243.60*	163.70*	146.20*	173.50*	49
50 THORACENTESIS					42.90*				50
51 CATHERIZATION OF HEART					536.00*				51
52 INSERTION OF PACEMAKER					1949.00*	1091.40*	730.90*	1149.90*	52
53 PARTIAL COLECTOMY					1200.60*	873.20*	1029.10*	919.90*	53
54 APPENDECTOMY	485.00	389.80*	485.00	409.30*	584.70*	450.00	487.25*	487.25*	54
55 SIGMOIDOSCOPY					58.50*	33.10*	39.00*	35.10*	55

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PROCEDURE DESCRIPTION	23	24	25	26	23	24	25	26	
56 HEMORRHOIDECTOMY					536.00*	341.10*	389.80*	487.25*	56
57 CHOLECYSTECTOMY					974.50*	730.90*	877.10*	633.40*	57
58 REPAIR HERNIA					584.70*	438.50*	487.25*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	68.20*	56.50*	66.00	66.00	68.20*				59
60 DILATION OF URETHRA					25.00*				60
61 PROSTATECTOMY - SUPRAPUBIC					974.50*				61
62 ELECTROSECTION-PROSTATE (TUR)	1075.80*	904.30*	1000.25*	904.30*	974.50*				62
63 HYSTERECTOMY					1050.50*		1023.20*	873.20*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					48.70*			38.00	65
66 EYE EXAM WITH TONOMETRY					19.50*			10.00	66
67 EXTRACTION OF LENS	974.50*	1100.00	1100.00	1100.00	974.50*			779.60*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	25.00	29.20*	24.40*	15.60*				68
69 CHEST X-RAY - TWO VIEWS	29.20*	39.00*	38.00	29.20*	33.10*				69
70 X-RAY SPINE					58.50*				70
71 X-RAY HIP					31.20*				71
72 X-RAY UPPER GI TRACT	68.20*	70.00	70.00	68.20*	68.20*				72
73 X-RAY COLON					68.20*				73
74 RADIATION THERAPY-LOW VOLT	5.00*	3.90*	3.90*	3.90*	3.90*				74
75 RADIATION THERAPY-SUPER VOLT	19.50*	25.50	25.50	25.50	17.50*				75
76 RADIATION THERAPY-MEGAVOLT					21.40*				76
77 CAT SCAN - HEAD					400.00				77
78 CAT SCAN - ABDOMEN					400.00				78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS					72.50				100
101 ELEC MONITORING-PACEMAKER					30.00				101
102 DONOR NEPHRECTOMY-UNILATERAL					1320.00				102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

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LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	27	28	29	30	27	28	29	30	
1 INITIAL BRIEF OFFICE VISIT					20.00		25.00*		1
2 INITIAL LIMITED OFFICE VISIT	29.20*	25.00	27.50	25.00*	25.00		48.70*		2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	40.00	48.70*	35.00	50.00	48.70*		58.50*		4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	9.70*	13.60*	13.60*	11.70*	11.70*		19.50*		6
7 LIMITED FOLLOWUP OFFICE VISIT	15.60*	11.70*	19.50*	15.00	19.50*		19.50*		7
8 INTERMEDIATE F/U OFFICE VISIT	19.50*	11.70*	19.50*	19.50*	19.50*		19.50*		8
9 EXTENDED F/U OFFICE VISIT	35.00	27.00	29.20*	27.00	26.50		25.00*		9
10 COMP FOLLOWUP OFFICE VISIT	40.00	40.00	39.00*	40.00	35.00		48.70*		10
11 BRIEF FOLLOWUP HOME VISIT	13.60*	25.00	29.20*	20.00*	13.60*	25.00	29.20*	20.00*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMEDIATE F/U HOME VISIT	30.00	30.00	29.20*	30.00	30.00	30.00	29.20*	30.00	13
14 EXTENDED CARE FACILITY VISIT					25.30*		33.10*		14
15 BRIEF F/U NURSING HOME VISIT	11.70*	19.50*	19.50*	10.00	11.70*		19.50*		15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	48.70*	39.00*	48.70*	29.20*		50.00*		16
17 INIT INTERMED HOSPITAL VISIT					48.70*		68.20*		17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	60.00	68.20*	70.00		78.00*		18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.60*	11.70*	19.50*	11.70*	11.70*		19.50*		19
20 LIMITED F/U HOSPITAL VISIT	19.50*	25.00	19.50*	15.00	19.50*		29.20*		20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					35.00		39.00*		22
23 BRIEF EMERGENCY ROOM VISIT					11.70*		19.50*		23
24 LIMITED EMERGENCY ROOM VISIT					20.00		25.00*		24
25 INTERMED EMERGENCY ROOM VISIT					25.00		48.70*		25
26 LIMITED CONSULTATION	29.20*	29.20*	55.00	17.50*	40.00		58.50*		26
27 EXTENSIVE CONSULTATION					65.00		58.50*		27
28 COMPREHENSIVE CONSULTATION					60.00		78.00*		28
29 PSYCHOTHERAPY-ONE HOUR									29
30 PSYCHOTHERAPY-HALF HOUR									30
31 CHIROPRACTIC OFFICE VISIT	13.60*	13.60*	13.60*	13.60*	14.20*		14.20*		31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	24.40*	29.20*	31.00	35.00	32.00		30.00		34
35 EKG-INTERPRET AND REPORT ONLY	15.00	15.00	15.00	15.00	9.70*		17.50		35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY					24.00		23.00		38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					25.00		25.00		40
41 SKIN BIOPSY					39.00*		39.00*		41
42 CHEMOCAUTERY					30.00		30.00		42
43 RADICAL MASTECTOMY					824.40*		1200.00		43
44 OPEN REDUCTION OF FRACTURE							779.60*		44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	19.50*	26.00	25.00			30.00		45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE							2200.00		47
48 NEEDLE PUNCTURE OF BURSA					25.00		25.00		48
49 BRONCHOSCOPY					243.60*		187.10*		49
50 THORACENTESIS									50
51 CATHETERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1266.90*		1247.40*		52
53 PARTIAL COLECTOMY					1000.00		997.90*		53
54 APPENDECTOMY	467.80*	467.80*	485.00	389.80*	389.80*		487.25*		54
55 SIGMOIDOSCOPY					48.70*		48.70*		55

1983 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.					TEXAS				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	27	28	29	30	27	28	29	30	
56 HEMORRHOIDECTOMY					389.80*		487.25*		56
57 CHOLECYSTECTOMY					682.20*		682.20*		57
58 REPAIR HERNIA					389.80*		487.25*		58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	58.50*	64.30*	62.40*					59
60 DILATION OF URETHRA									60
61 PROSTATECTOMY - SUPRAPUBIC									61
62 ELECTROSECTION-PROSTATE (TUR)	935.50*	935.50*	1013.50*	982.30*					62
63 HYSTERECTOMY							1036.90*		63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM							39.00*		65
66 EYE EXAM WITH TONOMETRY							19.50*		66
67 EXTRACTION OF LENS	1100.00	1100.00	1100.00	1100.00			974.50*		67
68 CHEST X-RAY - SINGLE VIEW	16.00	22.50	32.00	28.00					68
69 CHEST X-RAY - TWO VIEWS	29.20*	30.00	32.00	29.20*					69
70 X-RAY SPINE									70
71 X-RAY HIP									71
72 X-RAY UPPER GI TRACT	40.00	70.00	68.20*	68.20*					72
73 X-RAY COLON									73
74 RADIATION THERAPY-LOW VOLT	3.90*	3.90*	3.90*	3.90*					74
75 RADIATION THERAPY-SUPER VOLT	25.50	25.50	17.50*	25.50					75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD									77
78 CAT SCAN - ABDOMEN									78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL									102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.					TEXAS				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	31	32	33	34	31	32	33	34	
1 INITIAL BRIEF OFFICE VISIT					21.90*	25.00*	19.50*	29.20*	1
2 INITIAL LIMITED OFFICE VISIT	15.00	35.00	25.00	25.00	48.70*	50.00	45.00	39.00*	2
3 INITIAL INTERMED OFFICE VISIT									3
4 INITIAL COMP OFFICE VISIT	29.00	30.00	43.00	38.00	68.20*	68.20*	58.50*	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT									5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	11.70*	11.70*	9.70*	19.50*	19.50*	19.50*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	15.60*	19.50*	19.50*	15.00	13.60*	19.50*	19.50*	19.50*	7
8 INTERMEDIATE F/U OFFICE VISIT	19.50*	20.00*	19.50*	17.50	30.00*	19.50*	19.50*	29.20*	8
9 EXTENDED F/U OFFICE VISIT	27.00	45.00	19.00	27.00	39.00*	40.00*	20.00*	40.00	9
10 COMP FOLLOWUP OFFICE VISIT	40.00	48.70*	29.20*	40.00	48.70*	62.00	39.00*	39.00*	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	29.20*	23.40*	19.50*	19.50*	29.20*	23.40*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT									12
13 INTERMEDIATE F/U HOME VISIT	30.00	30.00	29.20*	30.00	30.00	30.00	29.20*	30.00	13
14 EXTENDED CARE FACILITY VISIT					27.30*	33.00	25.00	29.20*	14
15 BRIEF F/U NURSING HOME VISIT	19.50*	19.50*	19.50*	13.60*	13.60*	14.60*	19.50*	13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	29.20*	48.70*	37.00*	31.20*	48.70*	48.70*	48.70*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					48.70*	68.20*	68.20*	48.70*	17
18 INITIAL COMP HOSPITAL VISIT	40.00	58.50*	48.70*	48.70*	68.20*	68.20*	78.00*	48.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	15.60*	19.50*	19.50*	15.60*	13.60*	19.50*	19.50*	19.50*	19
20 LIMITED F/U HOSPITAL VISIT	10.00	19.50*	19.50*	15.00*	19.50*	29.20*	29.20*	20.00*	20
21 INTERMED F/U HOSPITAL VISIT									21
22 EXTENDED F/U HOSPITAL VISIT					19.50*	37.00	29.20*	35.00	22
23 BRIEF EMERGENCY ROOM VISIT					19.50*	19.50*	19.50*	13.60*	23
24 LIMITED EMERGENCY ROOM VISIT					21.90*	25.00*	19.50*	29.20*	24
25 INTERMED EMERGENCY ROOM VISIT					48.70*	50.00	45.00	39.00*	25
26 LIMITED CONSULTATION	19.50*	30.00*	35.00*	46.80*	58.50*	48.70*	48.70*	48.70*	26
27 EXTENSIVE CONSULTATION					68.20*	68.20*	68.20*	48.70*	27
28 COMPREHENSIVE CONSULTATION					68.20*	75.00*	97.50*	65.00	28
29 PSYCHOTHERAPY-ONE HOUR							39.00*		29
30 PSYCHOTHERAPY-HALF HOUR							39.00*		30
31 CHIROPRACTIC OFFICE VISIT	13.60*	15.00	15.60*	11.70*	11.70*		11.70*		31
32 INITIAL PHYSIOTHERAPY					19.50*	19.50*	19.50*	19.50*	32
33 F/U PODIATRIC OFFICE VISIT					17.50*	17.50*	17.50*	17.50*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	25.00	29.20*	25.00	27.00	32.00	29.20*	28.50	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	10.00	17.00	10.00	18.00	15.00	9.70*	18.00	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					90.00	90.00	90.00	90.00	37
38 CHEMOTHERAPY					27.00	30.00	32.00	27.00*	38
39 COLLECTION OF SPECIMENS									39
40 DEBRIDEMENT OF NAILS					23.40*	25.00	25.00	23.40*	40
41 SKIN BIOPSY					35.10*	40.00	29.20*	29.20*	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					723.10*	773.75*	877.10*	748.40*	43
44 OPEN REDUCTION OF FRACTURE							779.60*		44
45 ARTHROCENTESIS-MAJOR JOINT	18.00	19.50*	25.30*	25.00			19.50*		45
46 CORONARY ARTERY BYPASS									46
47 TOTAL ARTIFICIAL HIP REPLACE							2200.00		47
48 NEEDLE PUNCTURE OF BURSA					23.40*	25.00	25.00	23.40*	48
49 BRONCHOSCOPY					167.60*	194.90*	198.80*	173.50*	49
50 THORACENTESIS									50
51 CATERIZATION OF HEART									51
52 INSERTION OF PACEMAKER					1110.90*	1188.90*	1325.30*	1149.90*	52
53 PARTIAL COLECTOMY					888.70*	925.00	1060.25*	919.90*	53
54 APPENDECTOMY	389.80*	389.80*	438.50*	389.80*	584.70*	438.50*	487.25*	584.70*	54
55 SIGMOIDOSCOPY					48.70*	37.00*	48.70*	35.00	55

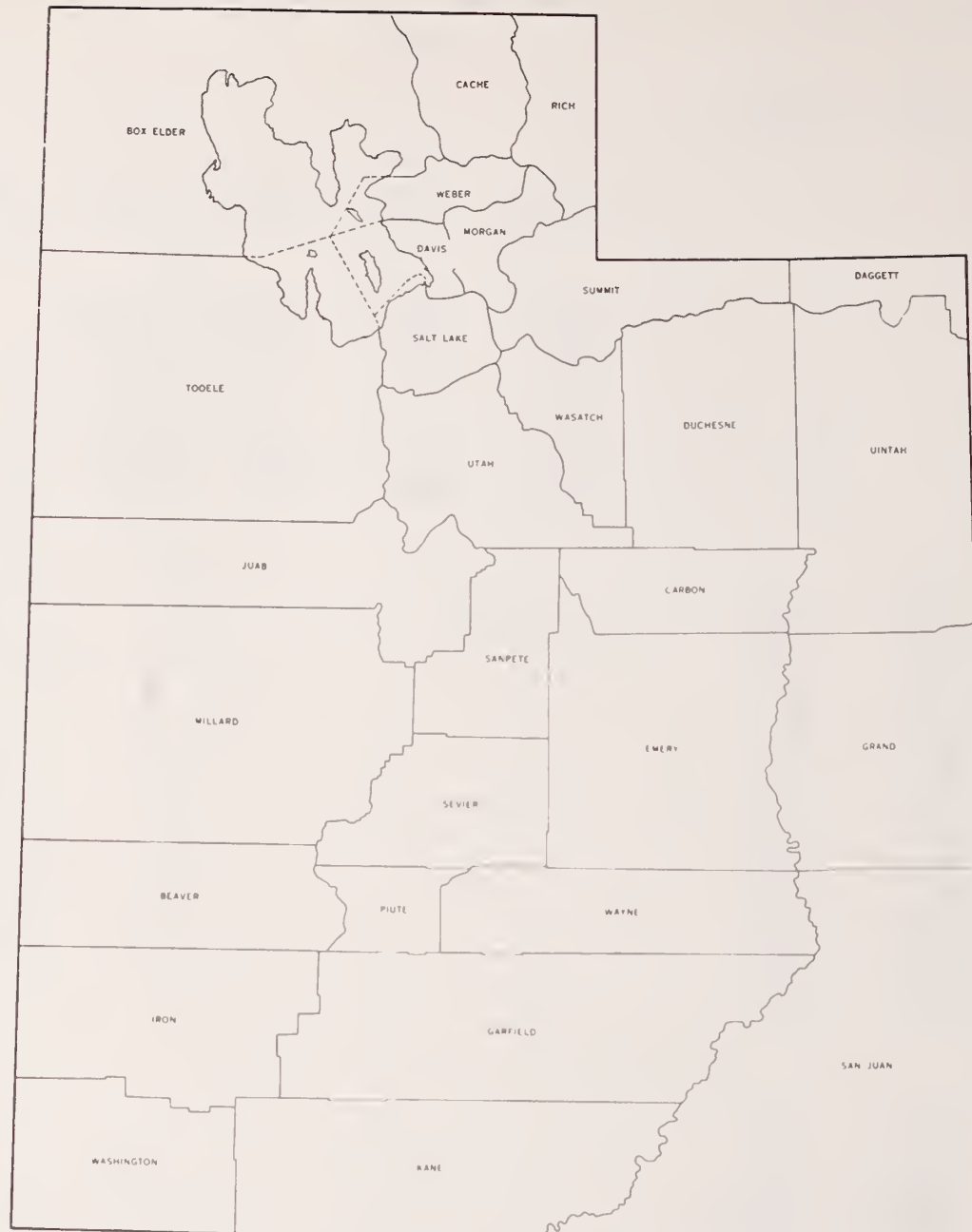
1983 PREVAILING CHARGE SUMMARY DATA GROUP MEDICAL AND SURGICAL SERV.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

TEXAS
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	31	32	33	34	31	32	33	34	
56 HEMORRHOIDECTOMY					438.50*	292.40*	487.25*	438.50*	56
57 CHOLECYSTECTOMY					682.20*	675.00	779.60*	730.90*	57
58 REPAIR HERNIA					438.50*	438.50*	487.25*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	52.60*	52.60*	64.30*	54.60*			62.40*		59
60 DILATION OF URETHRA							19.50*		60
61 PROSTATECTOMY - SUPRAPUBIC							974.50*		61
62 ELECTROSECTION-PROSTATE (TUR)	826.40*	826.40*	1029.10*	857.60*			974.50*		62
63 HYSTERECTOMY							968.70*		63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM							39.00*		65
66 EYE EXAM WITH TONOMETRY							19.50*		66
67 EXTRACTION OF LENS	1033.00*	1033.00*	1000.00	1072.00*			974.50*		67
68 CHEST X-RAY - SINGLE VIEW	25.00	25.00	24.40*	23.40*			24.00		68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	31.20*	27.00			31.20*		69
70 X-RAY SPINE							67.00		70
71 X-RAY HIP							38.00		71
72 X-RAY UPPER GI TRACT	70.00	64.50	78.00	58.50*			76.50		72
73 X-RAY COLON							78.00*		73
74 RADIATION THERAPY-LOW VOLT	3.90*	3.90*	3.90*	3.90*			3.90*		74
75 RADIATION THERAPY-SUPER VOLT	25.50	17.50*	20.00	25.50			17.50*		75
76 RADIATION THERAPY-MEGAVOLT							19.50*		76
77 CAT SCAN - HEAD							415.00		77
78 CAT SCAN - ABDOMEN							400.00		78
79 THREE CHEMISTRY TESTS					30.00	30.00	30.00	30.00	79
80 NINETEEN CHEMISTRY TESTS					37.00	37.00	37.00	37.00	80
81 CULTURE - OTHER THAN BLOOD					15.00	15.00	15.00	15.00	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.00	14.00	14.00	14.00	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					9.25L	9.25L	9.25L	9.25L	85
86 CHOLESTEROL TEST					8.00L	8.00L	8.00L	8.00L	86
87 FLOCCULATION TEST					10.00	10.00	10.00	10.00	87
88 HEMATOCRIT					3.75L	3.75L	3.75L	3.75L	88
89 PLATELET COUNT (REES-ECKER)					9.00	9.00	9.00	9.00	89
90 POTASSIUM TEST - BLOOD					11.00	11.00	11.00	11.00	90
91 PROTHROMBIN TIME TEST					8.00L	8.00L	8.00L	8.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					8.00L	8.00L	8.00L	8.00L	93
94 BUN-UREA - NITROGEN					9.00L	9.00L	9.00L	9.00L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					6.00	6.00	6.00	6.00	96
97 PAP TEST					10.00L	10.00L	10.00L	10.00L	97
98 ROUTINE URINALYSIS					6.00L	6.00L	6.00L	6.00L	98
99 CHEMICAL URINALYSIS					7.50	7.50	7.50	7.50	99
100 PATHOLOGY - THREE SPECIMENS									100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL							1286.30*		102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					45.00L	45.00L	45.00L	45.00L	104
105 WALKER - RENTAL					17.00	17.00	17.00	17.00	105
106 WHEELCHAIR - RENTAL					27.50L	27.50L	27.50L	27.50L	106
107 LIQUID OXYGEN - RENTAL					78.00	78.00	78.00	78.00	107
108 HOSPITAL BED - PURCHASE					450.00L	450.00L	450.00L	450.00L	108
109 WALKER - PURCHASE					57.00	57.00	57.00	57.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

UTAH

UTAH



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH
LOCALITY DESIGNATION FOR GENERAL PRACTICE

UTAH
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
1 INITIAL BRIEF OFFICE VISIT		19.60*	1
2 INITIAL LIMITED OFFICE VISIT			2
3 INITIAL INTERMED OFFICE VISIT		40.80*	3
4 INITIAL COMP OFFICE VISIT	82.90*	67.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT			5
6 BRIEF FOLLOWUP OFFICE VISIT	11.30*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	10.50*	11.70*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.00*	17.50*	8
9 EXTENDED F/U OFFICE VISIT	19.60*	20.50*	9
10 COMP FOLLOWUP OFFICE VISIT	40.80*	40.80*	10
11 BRIEF FOLLOWUP HOME VISIT			11
12 LIMITED FOLLOWUP HOME VISIT			12
13 INTERMDIATE F/U HOME VISIT	33.60*	26.10*	13
14 EXTENDED CARE FACILITY VISIT		10.00*	14
15 BRIEF F/U NURSING HOME VISIT			15
16 INITIAL BRIEF HOSPITAL VISIT	35.10*	47.05*	16
17 INIT INTERMED HOSPITAL VISIT		52.80*	17
18 INITIAL COMP HOSPITAL VISIT	81.80*	72.10*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	12.80*	19
20 LIMITED F/U HOSPITAL VISIT	16.20*	15.20*	20
21 INTERMED F/U HOSPITAL VISIT	23.40*	28.30*	21
22 EXTENDED F/U HOSPITAL VISIT		30.20*	22
23 BRIEF EMERGENCY ROOM VISIT		20.00*	23
24 LIMITED EMERGENCY ROOM VISIT		26.00*	24
25 INTERMED EMERGENCY ROOM VISIT		36.60*	25
26 LIMITED CONSULTATION	32.00*	31.50*	26
27 EXTENSIVE CONSULTATION		58.50*	27
28 COMPREHENSIVE CONSULTATION		84.80*	28
29 PSYCHOTHERAPY-ONE HOUR		58.50*	29
30 PSYCHOTHERAPY-HALF HOUR		29.20*	30
31 CHIROPRACTIC OFFICE VISIT	16.20*	13.20*	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		15.50*	33
34 ELECTROCARDIOGRAM (EKG)	30.00*	28.00*	34
35 EKG-INTERPRET AND REPORT ONLY	16.20*	11.70*	35
36 SPIROMETRY			36
37 ELECTROENCEPHALOGRAM (EEG)		68.20*	37
38 CHEMOTHERAPY		23.00*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS			40
41 SKIN BIOPSY		28.60*	41
42 CHEMOCAUTERY		5.50*	42
43 RADICAL MASTECTOMY		808.71*	43
44 OPEN REDUCTION OF FRACTURE		935.40*	44
45 ARTHROCENTESIS-MAJOR JOINT	23.40*	27.30*	45
46 CORONARY ARTERY BYPASS			46
47 TOTAL ARTIFICIAL HIP REPLACE		1304.10*	47
48 NEEDLE PUNCTURE OF BURSA		24.50*	48
49 BRONCHOSCOPY			49
50 THORACENTESIS		50.00*	50
51 CATHETERIZATION OF HEART		400.00*	51
52 INSERTION OF PACEMAKER			52
53 PARTIAL COLECTOMY		955.00*	53
54 APPENDECTOMY			54
55 SIGMOIDOSCOPY		35.10*	55

1983 PREVAILING CHARGE SUMMARY DATA B/S OF UTAH
LOCALITY DESIGNATION FOR GENERAL PRACTICE

UTAH
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	01	
56 HEMORRHOIDECTOMY		331.20*	56
57 CHOLECYSTECTOMY		608.10*	57
58 REPAIR HERNIA		417.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY		78.00*	59
60 DILATION OF URETHRA		25.00*	60
61 PROSTATECTOMY - SUPRAPUBIC			61
62 ELECTROSECTION-PROSTATE (TUR)		779.60*	62
63 HYSTERECTOMY		779.60*	63
64 INITIAL COMPLETE EYE EXAM		24.00*	64
65 COMPREHENSIVE EYE EXAM		32.20*	65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS		779.60*	67
68 CHEST X-RAY - SINGLE VIEW	22.90*	23.90*	68
69 CHEST X-RAY - TWO VIEWS	35.00*	29.20*	69
70 X-RAY SPINE		48.70*	70
71 X-RAY HIP		38.90*	71
72 X-RAY UPPER GI TRACT	58.50*	68.20*	72
73 X-RAY COLON		68.20*	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD			77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS		12.00	79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		16.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT		7.70	83
84 WHITE CELL COUNT		3.97L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		7.00L	86
87 FLOCCULATION TEST		5.30	87
88 HEMATOCRIT		3.36L	88
89 PLATELET COUNT (REES-ECKER)		7.00	89
90 POTASSIUM TEST - BLOOD		7.25	90
91 PROTHROMBIN TIME TEST		6.25L	91
92 SEDIMENTATION RATE		4.50L	92
93 BLOOD SUGAR		6.00L	93
94 BUN-UREA - NITROGEN		6.50L	94
95 URIC ACID		6.50L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.50L	97
98 ROUTINE URINALYSIS		6.00	98
99 CHEMICAL URINALYSIS		5.00	99
100 PATHOLOGY - THREE SPECIMEN:		25.50	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		721.90*	102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		52.38L	104
105 WALKER - RENTAL		16.80	105
106 WHEELCHAIR - RENTAL		31.50L	106
107 LIQUID OXYGEN - RENTAL		89.25	107
108 HOSPITAL BED - PURCHASE		1080.25	108
109 WALKER - PURCHASE		77.00	109
110 WHEELCHAIR - PURCHASE		326.55L	110

VERMONT

VERMONT



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VERMONT
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	02	02	
1 INITIAL BRIEF OFFICE VISIT		8.00*	1
2 INITIAL LIMITED OFFICE VISIT	16.00	23.40*	2
3 INITIAL INTERMED OFFICE VISIT		35.00	3
4 INITIAL COMP OFFICE VISIT	21.00	48.70*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.80*	9.75*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	15.60*	28.00	8
9 EXTENDED F/U OFFICE VISIT			9
10 COMP FOLLOWUP OFFICE VISIT	35.00	48.70*	10
11 BRIEF FOLLOWUP HOME VISIT	14.60*	17.25*	11
12 LIMITED FOLLOWUP HOME VISIT		20.00	12
13 INTERMDIATE F/U HOME VISIT	25.00	30.00	13
14 EXTENDED CARE FACILITY VISIT		18.00	14
15 BRIEF F/U NURSING HOME VISIT	17.25	15.00*	15
16 INITIAL BRIEF HOSPITAL VISIT	27.00	48.70*	16
17 INIT INTERMED HOSPITAL VISIT			17
18 INITIAL COMP HOSPITAL VISIT	50.00	75.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	15.60*	19
20 LIMITED F/U HOSPITAL VISIT			20
21 INTERMED F/U HOSPITAL VISIT	26.00	29.20*	21
22 EXTENDED F/U HOSPITAL VISIT		39.00*	22
23 BRIEF EMERGENCY ROOM VISIT		10.00*	23
24 LIMITED EMERGENCY ROOM VISIT		19.50*	24
25 INTERMED EMERGENCY ROOM VISIT		32.80*	25
26 LIMITED CONSULTATION	30.00	48.70*	26
27 EXTENSIVE CONSULTATION		48.70*	27
28 COMPREHENSIVE CONSULTATION		72.00	28
29 PSYCHOTHERAPY-ONE HOUR		50.00	29
30 PSYCHOTHERAPY-HALF HOUR		27.50	30
31 CHIROPRACTIC OFFICE VISIT	13.80	15.00	31
32 INITIAL PHYSIOTHERAPY		10.35	32
33 F/U PODIATRIC OFFICE VISIT		15.60*	33
34 ELECTROCARDIOGRAM (EKG)	32.00	32.00	34
35 EKG-INTERPRET AND REPORT ONLY	19.60*	19.60*	35
36 SPIROMETRY		25.00	36
37 ELECTROENCEPHALOGRAM (EEG)		33.35	37
38 CHEMOTHERAPY		43.40*	38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		14.60*	40
41 SKIN BIOPSY		25.00	41
42 CHEMOCAUTERY		32.50*	42
43 RADICAL MASTECTOMY		806.90*	43
44 OPEN REDUCTION OF FRACTURE			44
45 ARTHROCENTESIS-MAJOR JOINT	22.00	20.00	45
46 CORONARY ARTERY BYPASS		2775.90	46
47 TOTAL ARTIFICIAL HIP REPLACE		1800.00	47
48 NEEDLE PUNCTURE OF BURSA			48
49 BRONCHOSCOPY		146.20*	49
50 THORACENTESIS		51.00	50
51 CATHERIZATION OF HEART		696.00	51
52 INSERTION OF PACEMAKER		1169.40*	52
53 PARTIAL COLECTOMY		877.10*	53
54 APPENDECTOMY	462.90*	462.90*	54
55 SIGMOIDOSCOPY		35.00	55

1983 PREVAILING CHARGE SUMMARY DATA NEW HAMPSHIRE-VERMONT B/S
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VERMONT
LOCALITY DESIGNATION FOR SPECIALIST

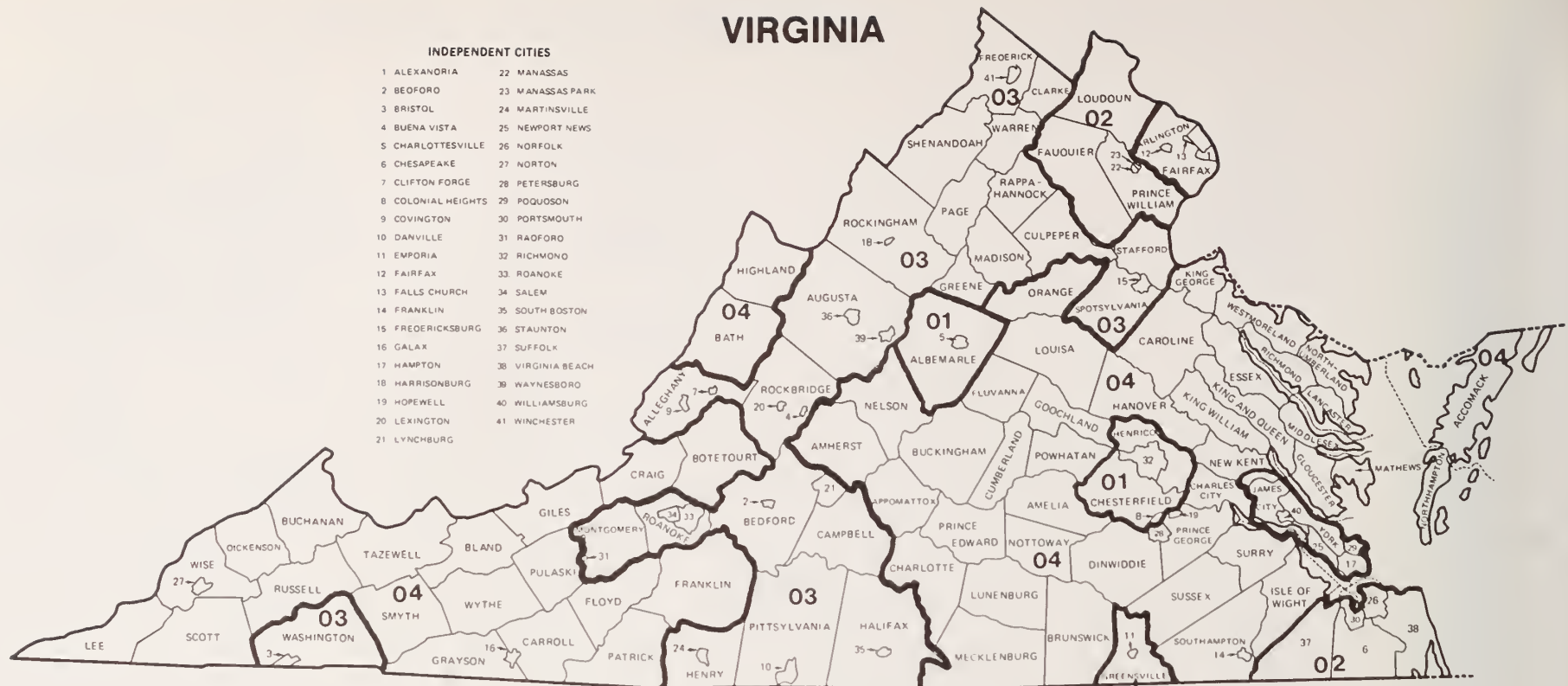
PROCEDURE DESCRIPTION	02	02	
56 HEMORRHOIDECTOMY		200.00	56
57 CHOLECYSTECTOMY		665.00	57
58 REPAIR HERNIA			58
59 DIAGNOSTIC CYSTOURETHROSCOPY	96.90	58.50*	59
60 DILATION OF URETHRA		20.00	60
61 PROSTATECTOMY - SUPRAPUBIC		935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	855.00	935.50*	62
63 HYSTERECTOMY		877.10*	63
64 INITIAL COMPLETE EYE EXAM		23.40*	64
65 COMPREHENSIVE EYE EXAM			65
66 EYE EXAM WITH TONOMETRY			66
67 EXTRACTION OF LENS	798.00	779.60*	67
68 CHEST X-RAY - SINGLE VIEW		7.50 P	68
69 CHEST X-RAY - TWO VIEWS		12.50 P	69
70 X-RAY SPINE		22.00 P	70
71 X-RAY HIP		10.25 P	71
72 X-RAY UPPER GI TRACT	63.00	31.20*P	72
73 X-RAY COLON		29.20*P	73
74 RADIATION THERAPY-LOW VOLT			74
75 RADIATION THERAPY-SUPER VOLT			75
76 RADIATION THERAPY-MEGAVOLT			76
77 CAT SCAN - HEAD		73.90*P	77
78 CAT SCAN - ABDOMEN			78
79 THREE CHEMISTRY TESTS			79
80 NINETEEN CHEMISTRY TESTS			80
81 CULTURE - OTHER THAN BLOOD		5.50	81
82 HEMOGLOBIN		2.50L	82
83 AUTOMATED BLOOD COUNT		15.00	83
84 WHITE CELL COUNT		4.00L	84
85 COMPLETE BLOOD COUNT (CBC)		7.00L	85
86 CHOLESTEROL TEST		5.00L	86
87 FLOCCULATION TEST		6.00	87
88 HEMATOCRIT		3.00L	88
89 PLATELET COUNT (REES-ECKER)		6.00	89
90 POTASSIUM TEST - BLOOD		6.00	90
91 PROTHROMBIN TIME TEST		5.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		4.50L	94
95 URIC ACID		5.00L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		5.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		2.25	99
100 PATHOLOGY - THREE SPECIMENS		18.50	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		997.50	102
103 KIDNEY TRANSPLANT		1311.00	103
104 HOSPITAL BED - RENTAL			104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		30.00L	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE			108
109 WALKER - PURCHASE		42.10	109
110 WHEELCHAIR - PURCHASE		450.00	110

VIRGINIA

VIRGINIA

INDEPENDENT CITIES

1 ALEXANDRIA	22 MANASSAS
2 BEDFORD	23 MANASSAS PARK
3 BRISTOL	24 MARTINSVILLE
4 BUENA VISTA	25 NEWPORT NEWS
5 CHARLOTTESVILLE	26 NORFOLK
6 CHESAPEAKE	27 NORTON
7 CLIFTON FORGE	28 PETERSBURG
8 COLONIAL HEIGHTS	29 POQUOSON
9 COVINGTON	30 PORTSMOUTH
10 DANVILLE	31 RADFORD
11 EMPORIA	32 RICHMOND
12 FAIRFAX	33 ROANOKE
13 FALLS CHURCH	34 SALEM
14 FRANKLIN	35 SOUTH BOSTON
15 FREDERICKSBURG	36 STAUNTON
16 GALAX	37 SUFFOLK
17 HAMPTON	38 VIRGINIA BEACH
18 HARRISONBURG	39 WAYNESBORO
19 HOPEWELL	40 WILLIAMSBURG
20 LEXINGTON	41 WINCHESTER
21 LYNCHBURG	



Four Localities:

- 01 - Richmond metropolitan area and Charlottesville - Herico, Chesterfield, and Albemarle Counties
- 02 - Tidewater and Northern Virginia Counties - Loudon, Fauquier, Prince William, James City, York Counties and the Suffolk, Portsmouth, Norfolk, Chesapeake, Virginia City area.
- 03 - Small towns and industrial - Washington, Henry, Pittsylvania, Halifax, Greenville, Campbell, Bedford, Roanoke, Montgomery, Alleghany, Rockbridge, Augusta, Greene, Rockingham, Page, Madison, Culpeper, Rappahannock, Shenandoah, Warren, Frederick, Clarke, Stafford, and Spotsylvania Counties.
- 04 - Extremely rural - all other Counties

(Note: Alexandria, Arlington, and Fairfax are carried by Pennsylvania Blue Shield carrier.)

1983 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY					VIRGINIA				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
1 INITIAL BRIEF OFFICE VISIT					19.60*	19.60*	13.60*	13.60*	1
2 INITIAL LIMITED OFFICE VISIT	19.60*	19.60*	16.00	15.00	25.00	20.00	19.60*	19.60*	2
3 INITIAL INTERMED OFFICE VISIT					30.00	30.00	25.00	20.00	3
4 INITIAL COMP OFFICE VISIT	48.70*	40.00	38.00	35.00	68.20*	68.20*	48.70*	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	13.60*	13.60*	11.70*	11.70*					5
6 BRIEF FOLLOWUP OFFICE VISIT									6
7 LIMITED FOLLOWUP OFFICE VISIT									7
8 INTERMEDIATE F/U OFFICE VISIT	25.00	25.00	20.00	20.00	30.00	30.00	25.00	20.00	8
9 EXTENDED F/U OFFICE VISIT									9
10 COMP FOLLOWUP OFFICE VISIT									10
11 BRIEF FOLLOWUP HOME VISIT	19.60*	19.60*	19.60*	19.60*	29.20*	29.20*	19.60*	25.00	11
12 LIMITED FOLLOWUP HOME VISIT					29.20*	29.20*	29.20*	29.20*	12
13 INTERMDIATE F/U HOME VISIT	38.90*	30.00	28.00	32.00	25.00*	23.40*	23.40*	23.40*	13
14 EXTENDED CARE FACILITY VISIT					22.50	19.60*	9.70*	14.40*	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	13.60*	11.70*	11.70*	19.60*	19.60*	13.60*	13.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	48.70*	48.70*	38.90*	38.90*	78.00*	68.20*	58.50*	58.50*	16
17 INIT INTERMED HOSPITAL VISIT									17
18 INITIAL COMP HOSPITAL VISIT									18
19 BRIEF FOLLOWUP HOSPITAL VISIT	17.50*	13.60*	11.70*	13.60*	19.60*	19.60*	13.60*	13.60*	19
20 LIMITED F/U HOSPITAL VISIT	23.40*	19.60*	23.40*	25.00	29.20*	25.00	25.00	25.00	20
21 INTERMED F/U HOSPITAL VISIT	29.20*	35.00	20.00	34.00	45.00	38.90*	38.90*	35.10*	21
22 EXTENDED F/U HOSPITAL VISIT									22
23 BRIEF EMERGENCY ROOM VISIT					19.60*	23.40*	19.60*	13.60*	23
24 LIMITED EMERGENCY ROOM VISIT					29.20*	29.20*	19.60*	19.60*	24
25 INTERMED EMERGENCY ROOM VISIT					40.00	50.00	50.00	30.00	25
26 LIMITED CONSULTATION	32.20*	48.70*	29.20*	25.00	48.70*	68.20*	48.70*	48.70*	26
27 EXTENSIVE CONSULTATION					58.50*	70.00*	48.70*	48.70*	27
28 COMPREHENSIVE CONSULTATION					78.00*	87.50*	68.20*	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR					48.70*	58.50*	48.70*	30.00	29
30 PSYCHOTHERAPY-HALF HOUR					29.20*	29.20*	29.20*	29.20*	30
31 CHIROPRACTIC OFFICE VISIT	13.60*	15.40*	11.70*	11.70*	19.60*	13.60*	13.60*		31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT									33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	25.00	27.50	29.20*	29.20*	25.00	24.50*	34
35 EKG-INTERPRET AND REPORT ONLY	19.60*	15.00*	7.50	7.50	14.60*	23.40*	14.60*	9.70*	35
36 SPIROMETRY					30.00	23.60*	26.10*	35.80*	36
37 ELECTROENCEPHALOGRAM (EEG)					78.00*	58.50*	78.00*	78.00*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					8.00	3.00*	3.00*	3.00*	39
40 DEBRIDEMENT OF NAILS					25.00	25.00	25.00	25.00	40
41 SKIN BIOPSY					38.90*	50.00	38.90*	45.00	41
42 CHEMOCAUTERY									42
43 RADICAL MASTECTOMY					821.50*	809.00*	839.10*	757.30*	43
44 OPEN REDUCTION OF FRACTURE					779.60*	876.90*	740.50*	672.30*	44
45 ARTHROCENTESIS-MAJOR JOINT	19.60*	19.60*	19.60*	19.60*	19.60*	19.60*	19.60*	19.60*	45
46 CORONARY ARTERY BYPASS					2600.20*	2870.30*			46
47 TOTAL ARTIFICIAL HIP REPLACE					2016.60*	2481.60*	2059.60*	1858.80*	47
48 NEEDLE PUNCTURE OF BURSA					19.60*	29.20*	19.60*	19.60*	48
49 BRONCHOSCOPY					194.90*	204.60*	194.90*	158.00*	49
50 THORACENTESIS					48.70*	58.50*	29.20*	48.70*	50
51 CATHERIZATION OF HEART					292.20*	300.00	300.00		51
52 INSERTION OF PACEMAKER					974.50*	1150.00	682.00*	974.50*	52
53 PARTIAL COLECTOMY					974.50*	1169.40*	876.90*	884.75*	53
54 APPENDECTOMY			450.00		438.50*	467.50*	450.00	409.30*	54
55 SIGMOIDOSCOPY					35.10*	48.70*	33.10*	48.70*	55

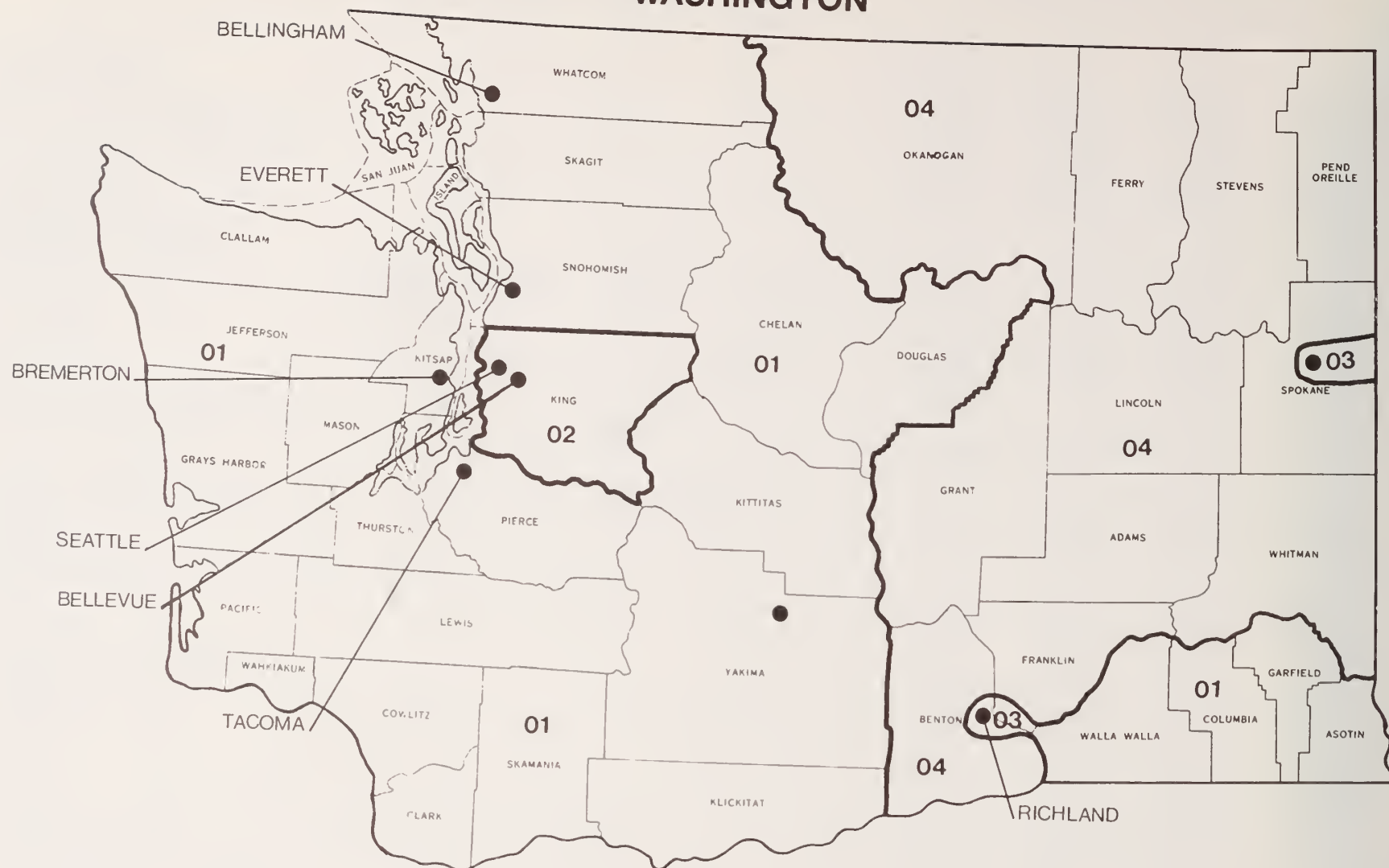
1983 PREVAILING CHARGE SUMMARY DATA THE TRAVELERS INSURANCE COMPANY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	AREA 1	AREA 2	AREA 3	AREA 4	AREA 1	AREA 2	AREA 3	AREA 4	
56 HEMORRHOIOECTOMY					389.80*	389.80*	292.20*	375.20*	56
57 CHOLECYSTECTOMY					730.80*	800.00	682.00*	606.00*	57
58 REPAIR HERNIA					457.90*	487.10*	403.40*	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY				85.10*	58.50*	85.70*	66.00	68.20*	59
60 DILATION OF URETHRA					23.40*	19.60*	19.60*	19.60*	60
61 PROSTATECTOMY - SUPRAPUBIC					974.50*	876.90*	800.00	682.00*	61
62 ELECTROSECTION-PROSTATE (TUR)					935.40*	935.40*	876.90*	604.20*	62
63 HYSTERECTOMY					682.00*	925.60*	728.80*	728.80*	63
64 INITIAL COMPLETE EYE EXAM									64
65 COMPREHENSIVE EYE EXAM					29.20*	27.30*	27.30*	29.20*	65
66 EYE EXAM WITH TONOMETRY									66
67 EXTRACTION OF LENS					876.90*	779.60*	779.60*	828.25*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	19.60*	24.50*	19.60*	29.00	23.00	19.60*	13.50	68
69 CHEST X-RAY - TWO VIEWS	23.40*	29.20*	28.00	29.20*	32.00	33.00	29.20*	34.10*	69
70 X-RAY SPINE					51.50*	58.50*	48.70*	51.50*	70
71 X-RAY HIP					38.00*	38.90*	38.90*	38.90*	71
72 X-RAY UPPER GI TRACT	75.70*	78.00*		68.20*	80.00	78.00*	78.00*	78.00*	72
73 X-RAY COLON					78.00*	74.10*	68.20*	78.00*	73
74 RADIATION THERAPY-LOW VOLT					27.10*				74
75 RADIATION THERAPY-SUPER VOLT									75
76 RADIATION THERAPY-MEGAVOLT									76
77 CAT SCAN - HEAD					111.80*	103.50	85.70*		77
78 CAT SCAN - ABDOMEN					75.00	139.75	105.90*		78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					20.00	28.00	27.00	26.75	80
81 CULTURE - OTHER THAN BLOOD					16.50	10.00	14.00	11.00	81
82 HEMOGLOBIN					5.50	5.00	4.00	5.00	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					5.50	6.00	4.00	5.00	84
85 COMPLETE BLOOD COUNT (CBC)					12.00	12.00	10.00	15.00	85
86 CHOLESTEROL TEST					10.00	8.00	7.00	10.00	86
87 FLOCCULATION TEST					5.00	7.00	5.00	6.00	87
88 HEMATOCRIT					5.50	5.00	4.00	5.00	88
89 PLATELET COUNT (REES-ECKER)					9.00	8.00	7.00	9.50	89
90 POTASSIUM TEST - BLOOD					9.00	8.00	9.00	10.00	90
91 PROTHROMBIN TIME TEST					8.50	8.00	7.00	10.00	91
92 SEDIMENTATION RATE					9.00	7.00	5.50	7.50	92
93 BLOOD SUGAR					9.00	8.00	7.00	8.50	93
94 BUN-UREA - NITROGEN					9.00	7.50	8.00	8.50	94
95 URIC ACID					9.00	8.00	8.50	10.00	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	4.00	96
97 PAP TEST					10.00	10.00	9.40	10.00	97
98 ROUTINE URINALYSIS					8.00	6.00	6.00	6.00	98
99 CHEMICAL URINALYSIS									99
100 PATHOLOGY - THREE SPECIMENS					41.20	25.00	30.00	27.00	100
101 ELEC MONITORING-PACEMAKER					25.00	25.00	25.00	25.00	101
102 DONOR NEPHRECTOMY-UNILATERAL					876.90	965.50	935.40	964.50	102
103 KIDNEY TRANSPLANT									103
104 HOSPITAL BED - RENTAL					55.50	55.50	55.50	55.50	104
105 WALKER - RENTAL					17.50	17.50	17.50	17.50	105
106 WHEELCHAIR - RENTAL					27.00	27.00	27.00	27.00	106
107 LIQUID OXYGEN - RENTAL					95.00	95.00	95.00	95.00	107
108 HOSPITAL BED - PURCHASE					478.75	478.75	478.75	478.75	108
109 WALKER - PURCHASE					54.80	54.80	54.80	54.80	109
110 WHEELCHAIR - PURCHASE					320.00	320.00	320.00	320.00	110

WASHINGTON

WASHINGTON



Four Localities:

- 01 - Seattle-Washington Physicians Service, 18 bureaus - rest of State
- 02 - King County Medical Blue Shield - King County
- 03 - (MSCEW) - Spokane and Richland-Pasco-Kennewick metropolitan areas
- 04 - Medical Service Corporation of Western Washington - Adams, Benton, Ferry, Franklin, Grant, Lincoln, Okanogan, Bend Orseille, Spokane, Stevens, and Whitman Counties (FOR GENERAL PRACTITIONER ONLY)

1983 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE LOCALITY DESIGNATION FOR GENERAL PRACTICE					WASHINGTON LOCALITY DESIGNATION FOR SPECIALIST			
PROCEDURE DESCRIPTION	01	02	03	04	01	02	03	
1 INITIAL BRIEF OFFICE VISIT					19.60*	19.60*		1
2 INITIAL LIMITED OFFICE VISIT	24.50*	19.60*	17.10*	18.60*	32.90*	23.40*	19.60*	2
3 INITIAL INTERMED OFFICE VISIT					48.70*	38.00*		3
4 INITIAL COMP OFFICE VISIT	58.50*	58.50*	48.70*	47.80*	73.20*	68.20*	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	8.30*	9.70*	8.70*	7.60*	8.80*	8.90*	6.50*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	15.40*	13.60*	15.50*	15.40*	16.70*	15.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.20*	20.70*			20.25*	19.60*		7
8 INTERMEDIATE F/U OFFICE VISIT	21.20*	24.50*	21.00*	20.70*	23.50*	22.30*	22.00*	8
9 EXTENDED F/U OFFICE VISIT	34.40*	35.00*			40.30*	38.90*		9
10 COMP FOLLOWUP OFFICE VISIT	52.90*	48.70*	45.00*	47.80*	60.50*	48.70*	65.00*	10
11 BRIEF FOLLOWUP HOME VISIT	25.30*		24.80*	24.80*	23.00*		24.80*	11
12 LIMITED FOLLOWUP HOME VISIT					23.70*	29.20*		12
13 INTERMDIATE F/U HOME VISIT	26.80*				28.50*			13
14 EXTENDED CARE FACILITY VISIT					19.40*	17.50*	17.00*	14
15 BRIEF F/U NURSING HOME VISIT	24.70*	19.60*	18.90*	15.10*	25.00*	27.00*	13.00*	15
16 INITIAL BRIEF HOSPITAL VISIT	37.00*	48.70*	32.20*	37.00*	48.70*	45.00*	58.50*	16
17 INIT INTERMED HOSPITAL VISIT					58.50*	48.70*		17
18 INITIAL COMP HOSPITAL VISIT	70.20*	72.90*	65.00*	46.80*	70.20*	68.20*	75.00*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	19.60*			17.50*	19.60*		19
20 LIMITED F/U HOSPITAL VISIT	19.60*	19.60*	13.60*	14.90*	23.40*	19.60*	19.60*	20
21 INTERMED F/U HOSPITAL VISIT	28.00*	28.00*			32.00*	29.30*		21
22 EXTENDED F/U HOSPITAL VISIT					36.40*	44.60*	30.00*	22
23 BRIEF EMERGENCY ROOM VISIT					23.40*			23
24 LIMITED EMERGENCY ROOM VISIT					31.60*	26.20*	34.10*	24
25 INTERMED EMERGENCY ROOM VISIT					42.50*	39.00*	28.60*	25
26 LIMITED CONSULTATION	40.80*	48.70*	35.00*		50.00*	38.90*	42.90*	26
27 EXTENSIVE CONSULTATION					68.20*	48.70*		27
28 COMPREHENSIVE CONSULTATION					87.50*	68.20*		28
29 PSYCHOTHERAPY-ONE HOUR						58.50*		29
30 PSYCHOTHERAPY-HALF HOUR					29.30*	29.30*	45.00*	30
31 CHIROPRACTIC OFFICE VISIT	19.60*			14.30*	16.00*	16.70*	15.50*	31
32 INITIAL PHYSIOTHERAPY								32
33 F/U PODIATRIC OFFICE VISIT					18.40*	19.60*		33
34 ELECTROCARDIOGRAM (EKG)	35.10*	32.50*	32.20*	33.00*	35.10*	32.50*	33.50*	34
35 EKG-INTERPRET AND REPORT ONLY		10.00*P	15.00*P	12.00*P		10.00*P	15.00*P	35
36 SPIROMETRY					40.70*	29.30*		36
37 ELECTROENCEPHALOGRAM (EEG)					115.10*	83.30*	75.00*	37
38 CHEMOTHERAPY					19.60*	10.00*	17.20*	38
39 COLLECTION OF SPECIMENS					17.00*	8.50*	7.00*	39
40 DEBRIDEMENT OF NAILS					17.00*			40
41 SKIN BIOPSY					40.80*	35.00*	35.10*	41
42 CHEMOCAUTERY					5.25*		19.60*	42
43 RADICAL MASTECTOMY						1080.00*	619.20*	43
44 OPEN REDUCTION OF FRACTURE					1091.60*	1091.60*		44
45 ARTHROCENTESIS-MAJOR JOINT	24.50*	29.30*	29.30*	23.40*	27.30*	29.00*	26.20*	45
46 CORONARY ARTERY BYPASS								46
47 TOTAL ARTIFICIAL HIP REPLACE					1968.90*	1949.50*	2000.00*	47
48 NEEDLE PUNCTURE OF BURSA					25.11*			48
49 BRONCHOSCOPY					175.40*	243.80*		49
50 THORACENTESIS					40.80*	48.70*	42.20*	50
51 CATHERIZATION OF HEART					393.80*			51
52 INSERTION OF PACEMAKER					1100.00*			52
53 PARTIAL COLECTOMY					1043.00*	1169.60*	974.70*	53
54 APPENDECTOMY	544.90*	545.90*			544.90*	536.10*		54
55 SIGMOIDOSCOPY					40.80*	45.00*	38.90*	55

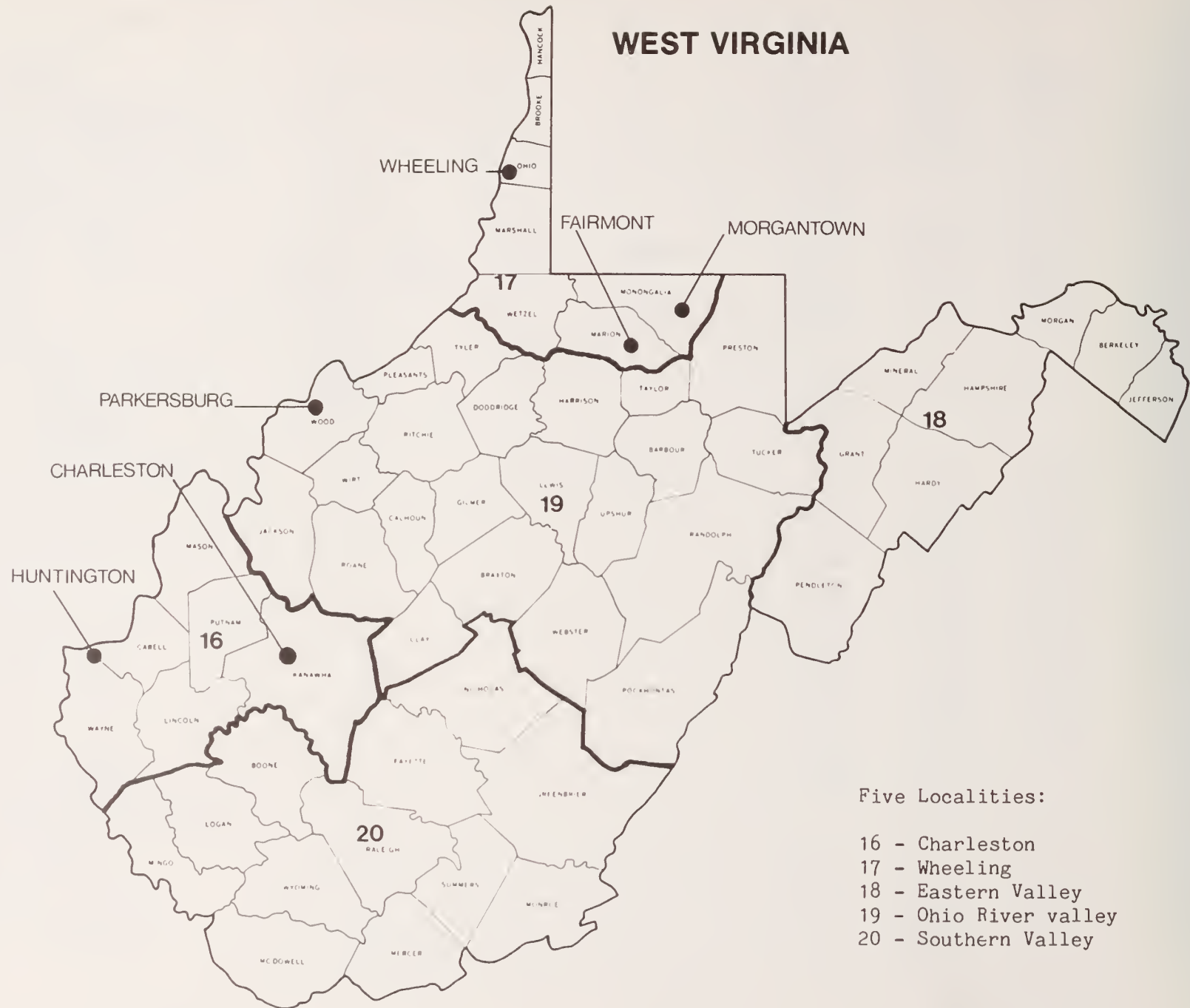
1983 PREVAILING CHARGE SUMMARY DATA WASHINGTON PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WASHINGTON
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	01	02	03	D4	01	02	03	
56 HEMORRHOIDECTOMY					409.30*	389.90*		56
57 CHOLECYSTECTOMY					779.80*	818.70*	779.80*	57
58 REPAIR HERNIA					477.50*	487.20*	438.60*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	80.00*	58.50*		50.50*	80.00*	58.50*	55.00*	59
60 DILATION OF URETHRA					35.00*	25.00*	29.30*	60
61 PROSTATECTOMY - SUPRAPUBIC					1091.60*	1091.60*		61
62 ELECTROSECTION-PROSTATE (TUR)				927.80*	1091.60*	1091.60*	935.80*	62
63 HYSTERECTOMY					931.00*	1004.00*		63
64 INITIAL COMPLETE EYE EXAM					36.00*	31.10*		64
65 COMPREHENSIVE EYE EXAM					39.20*		33.50*	65
66 EYE EXAM WITH TONOMETRY					17.50*	15.40*	18.00*	66
67 EXTRACTION OF LENS					935.80*	974.70*	877.10*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	27.30*	24.50*	22.00*	19.60*	28.00*	24.50*	68
69 CHEST X-RAY - TWO VIEWS	35.10*	35.10*	33.00*	34.00*	38.50*	38.90*	36.00*	69
70 X-RAY SPINE					64.30*	64.30*	36.00*	70
71 X-RAY HIP					46.80*	40.10*	38.90*	71
72 X-RAY UPPER GI TRACT	81.80*			68.20*	78.10*		72.10*	72
73 X-RAY COLON					74.10*	87.50*	67.20*	73
74 RADIATION THERAPY-LOW VOLT								74
75 RADIATION THERAPY-SUPER VOLT								75
76 RADIATION THERAPY-MEGAVOLT					57.00*			76
77 CAT SCAN - HEAD					295.90*	237.20*		77
78 CAT SCAN - ABDOMEN					367.00*			78
79 THREE CHEMISTRY TESTS					26.65*			79
80 NINETEEN CHEMISTRY TESTS					16.50*			80
81 CULTURE - OTHER THAN BLOOD					11.20*	11.00*	17.00*	81
82 HEMOGLOBIN					5.00*	6.00*	5.00*	82
83 AUTOMATED BLOOD COUNT					12.50*	10.50*	13.00*	83
84 WHITE CELL COUNT					6.00*	5.50*	5.50*	84
85 COMPLETE BLOOD COUNT (CBC)					12.30*	12.00*	13.40*	85
86 CHOLESTERDL TEST					11.00*	8.60*	11.50*	86
87 FLOCCULATION TEST					6.50*	6.05*	7.90*	87
88 HEMATOCRIT					5.25*	7.00*	5.00*	88
89 PLATELET COUNT (REES-ECKER)					7.75*	8.00*	9.80*	89
90 POTASSIUM TEST - BLOOD					9.75*	7.50*	13.00*	90
91 PROTHROMBIN TIME TEST					8.90*	8.00*	10.50*	91
92 SEDIMENTATION RATE					7.50*	7.25*	7.50*	92
93 BLOOD SUGAR					10.00*	8.00*	11.00*	93
94 BUN-UREA - NITROGEN					8.25*	8.60*	10.35*	94
95 URIC ACID					11.60*	8.90*	11.00*	95
96 FECES-OCCULT BLOOD-SCREENING					5.00*	5.00*	3.50*	96
97 PAP TEST					10.00*	11.00*	9.00*	97
98 ROUTINE URINALYSIS					7.00*	8.00*	7.20*	98
99 CHEMICAL URINALYSIS					4.80*			99
100 PATHOLOGY - THREE SPECIMENS					35.00*	39.60*		100
101 ELEC MONITORING-PACEMAKER					17.40*	36.90*		101
102 OONOR NEPHRECTOMY-UNILATERAL						1247.80*		102
103 KIDNEY TRANSPLANT								103
104 HOSPITAL BED - RENTAL					63.12	68.51	60.00	104
105 WALKER - RENTAL					15.75			105
106 WHEELCHAIR - RENTAL					31.56	35.83	27.35	106
107 LIQUID OXYGEN - RENTAL					92.40	92.66	84.16	107
108 HOSPITAL BED - PURCHASE					797.57	822.12	822.12	108
109 WALKER - PURCHASE								109
110 WHEELCHAIR - PURCHASE					371.71	368.90	389.24	110

WEST VIRGINIA

WEST VIRGINIA



Five Localities:

- 16 - Charleston
- 17 - Wheeling
- 18 - Eastern Valley
- 19 - Ohio River valley
- 20 - Southern Valley

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.					WEST VIRGINIA				
LOCALITY DESIGNATION FOR GENERAL PRACTICE					LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	16	17	18	19	16	17	18	19	
1 INITIAL BRIEF OFFICE VISIT					15.60*	15.60*	13.60*	15.60*	1
2 INITIAL LIMITED OFFICE VISIT	13.60*	11.70*	11.70*	9.70*	15.60*	15.60*	13.60*	15.60*	2
3 INITIAL INTERMED OFFICE VISIT					23.40*	29.20*	18.75	19.50*	3
4 INITIAL COMP OFFICE VISIT	30.00	25.00	25.00	40.00	75.00	58.50*	55.00	50.00	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	3.00	6.00*	4.00	4.00	5.80*	7.50	7.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	11.70*	9.70*	15.60*	15.60*	13.60*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	13.60*	11.70*	11.70*	9.70*	15.60*	15.60*	13.60*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	13.60*	11.70*	11.70*	9.70*	15.60*	15.60*	13.60*	15.60*	8
9 EXTENDED F/U OFFICE VISIT	20.00	29.20*	19.50*	15.00	23.40*	29.20*	18.75	19.50*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	25.00	25.00	40.00	75.00	58.50*	55.00	50.00	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	15.00	19.50*	19.50*	23.40*	23.40*	13.60*	11
12 LIMITED FOLLOWUP HOME VISIT					19.50*	23.40*	23.40*	13.60*	12
13 INTERMEDIATE F/U HOME VISIT	23.40*	19.50*	15.00	19.50*	19.50*	23.40*	23.40*	13.60*	13
14 EXTENDED CARE FACILITY VISIT					15.60*	15.60*	19.50*	15.00	14
15 BRIEF F/U NURSING HOME VISIT	13.60*	19.50*	15.60*	15.60*	15.60*	13.60*	13.60*	15.00	15
16 INITIAL BRIEF HOSPITAL VISIT	39.00*	36.25*	39.00*	31.20*	68.20*	48.70*	65.00	44.80*	16
17 INIT INTERMED HOSPITAL VISIT					75.00	48.70*	65.00	55.00	17
18 INITIAL COMP HOSPITAL VISIT	48.70*	48.70*	39.00*	35.10*	75.00	48.70*	65.00	55.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	11.70*	11.70*	11.70*	15.60*	14.60*	19.50*	17.50*	19
20 LIMITED F/U HOSPITAL VISIT	13.60*	11.70*	11.70*	11.70*	15.60*	14.60*	19.50*	17.50*	20
21 INTERMED F/U HOSPITAL VISIT	39.00*	36.25*	39.00*	31.20*	68.20*	48.70*	65.00	44.80*	21
22 EXTENDED F/U HOSPITAL VISIT					68.20*	48.70*	65.00	44.80*	22
23 BRIEF EMERGENCY ROOM VISIT					30.00	25.00	25.00	25.00	23
24 LIMITED EMERGENCY ROOM VISIT					30.00	25.00	25.00	25.00	24
25 INTERMED EMERGENCY ROOM VISIT					30.00	25.00	25.00	25.00	25
26 LIMITED CONSULTATION	48.70*	50.00	35.00	48.70*	58.50*	48.70*	50.00*	68.20*	26
27 EXTENSIVE CONSULTATION					58.50*	48.70*	50.00*	68.20*	27
28 COMPREHENSIVE CONSULTATION					62.40*	52.60*	52.60*	74.10*	28
29 PSYCHOTHERAPY-ONE HOUR					63.00	60.00	60.00	45.00	29
30 PSYCHOTHERAPY-HALF HOUR					35.00	35.00	36.00	30.00	30
31 CHIROPRACTIC OFFICE VISIT	13.00	13.60*	11.70*	13.60*	13.00	13.60*	13.60*	13.60*	31
32 INITIAL PHYSIOTHERAPY									32
33 F/U PODIATRIC OFFICE VISIT					15.60*	13.60*	15.60*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	25.00	25.00	30.00	29.20*	29.20*	25.00	19.50*	34
35 EKG-INTERPRET AND REPORT ONLY	15.00	11.70*	15.00	15.00	19.50*	15.00	15.00	15.00	35
36 SPIROMETRY					35.00	35.00	35.00	35.00	36
37 ELECTROENCEPHALOGRAM (EEG)					78.00*	78.00*	78.00*	78.00*	37
38 CHEMOTHERAPY					19.50*	19.50*	19.50*	19.50*	38
39 COLLECTION OF SPECIMENS					3.00	3.00	3.00	3.00	39
40 DEBRIDEMENT OF NAILS					19.50*	19.50*	19.50*	19.50*	40
41 SKIN BIOPSY					48.70*	48.70*	48.70*	26.00	41
42 CHEMOCAUTERY					30.00	30.00	30.00	30.00	42
43 RADICAL MASTECTOMY					927.70*	736.70*	1000.00	750.00	43
44 OPEN REDUCTION OF FRACTURE					877.10*	896.50*	974.50*	808.80*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	25.00	25.00	25.00	29.20*	29.20*	29.20*	29.20*	45
46 CORONARY ARTERY BYPASS					3280.20*	3974.00*	4325.00	3658.30*	46
47 TOTAL ARTIFICIAL HIP REPLACE					2500.00	2520.00	3000.00	2200.00	47
48 NEEDLE PUNCTURE OF BURSA					19.50*	19.50*	19.50*	19.50*	48
49 BRONCHOSCOPY					194.90*	194.90*	194.90*	132.50*	49
50 THORACENTESIS					24.40*	39.00*	39.00*	39.00*	50
51 CATHETERIZATION OF HEART					650.00	650.00	650.00	650.00	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					974.50*	779.60*	974.50*	920.00	53
54 APPENDECTOMY					487.25*	487.25*	487.25*	487.25*	54
55 SIGMOIDOSCOPY					48.70*	29.20*	48.70*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	16	17	18	19	16	17	18	19	
56 HEMORRHOIDECTOMY					450.00	450.00	450.00	450.00	56
57 CHOLECYSTECTOMY					730.90*	584.70*	779.60*	662.70*	57
58 REPAIR HERNIA					438.50*	389.80*	487.25*	438.50*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	58.50*	68.20*	87.70*	39.00*	58.50*	68.20*	87.70*	39.00*	59
60 DILATION OF URETHRA					25.00	19.50*	23.40*	19.50*	60
61 PROSTATECTOMY - SUPRAPUBIC					935.50*	935.50*	935.50*	779.60*	61
62 ELECTROSECTION-PROSTATE (TUR)	682.20*	682.20*	682.20*	682.20*	935.50*	935.50*	779.60*	779.60*	62
63 HYSTERECTOMY					877.10*	877.10*	877.10*	877.10*	63
64 INITIAL COMPLETE EYE EXAM					36.80	27.00	30.00	25.00	64
65 COMPREHENSIVE EYE EXAM					36.80	27.00	30.00	25.00	65
66 EYE EXAM WITH TONOMETRY					29.20*	19.50*	27.00	29.20*	66
67 EXTRACTION OF LENS	779.60*	779.60*	842.00*	779.60*	779.60*	779.60*	842.00*	779.60*	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	23.40*	23.40*	22.50	15.00*	21.00*	15.60*	29.20*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	29.20*	20.00	29.20*	35.10*	19.50*	29.20*	69
70 X-RAY SPINE					39.00*	35.00*	29.20*	29.20*	70
71 X-RAY HIP					35.10*	35.10*	35.10*	29.20*	71
72 X-RAY UPPER GI TRACT	48.70*	48.70*	48.70*	48.70*	48.70*	42.00*	39.00*	68.20*	72
73 X-RAY COLON					58.50*	43.90*	39.00*	68.20*	73
74 RADIATION THERAPY-LOW VOLT	24.40*	24.40*	24.40*	29.20*	24.40*	24.40*	24.40*	17.50*	74
75 RADIATION THERAPY-SUPER VOLT	24.40*	35.10*	35.10*	49.00	24.40*	35.10*	35.10*	65.00	75
76 RADIATION THERAPY-MEGAVOLT					33.10*	40.00	40.00	40.00	76
77 CAT SCAN - HEAD					224.10*	243.60*	249.50*	325.00	77
78 CAT SCAN - ABDOMEN					265.25*	287.30*	287.30*	434.60*	78
79 THREE CHEMISTRY TESTS					1.10	1.70	1.20	2.50	79
80 NINETEEN CHEMISTRY TESTS					1.10	1.70	1.20	2.50	80
81 CULTURE - OTHER THAN BLOOD					3.00	3.00	3.00	3.00	81
82 HEMOGLOBIN					3.00L	3.00L	3.00L	3.00L	82
83 AUTOMATED BLOOD COUNT									83
84 WHITE CELL COUNT					3.75L	3.75L	3.75L	3.75L	84
85 COMPLETE BLOOD COUNT (CBC)					9.00L	9.00L	9.00L	9.00L	85
86 CHOLESTEROL TEST					6.00L	6.00L	6.00L	6.00L	86
87 FLOCCULATION TEST					11.00	7.50	8.00	8.00	87
88 HEMATOCRIT					3.00L	3.00L	3.00	3.00L	88
89 PLATELET COUNT (REES-ECKER)					9.00	7.50	7.00	7.00	89
90 POTASSIUM TEST - BLOOD					8.00	8.00	10.00	9.00	90
91 PROTHROMBIN TIME TEST					6.00L	6.00L	6.00L	6.00L	91
92 SEDIMENTATION RATE					5.00L	5.00L	5.00L	5.00L	92
93 BLOOD SUGAR					5.00L	5.00L	5.00L	5.00L	93
94 BUN-UREA - NITROGEN					5.50L	5.50L	5.50L	5.50L	94
95 URIC ACID					6.60L	6.60L	6.60L	6.60L	95
96 FECES-OCCULT BLOOD-SCREENING					12.00	5.00	3.50	3.00	96
97 PAP TEST					7.00L	7.00L	7.00L	7.00L	97
98 ROUTINE URINALYSIS					4.00L	4.00L	4.00L	4.00L	98
99 CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					25.00	25.00	24.00	36.00	100
101 ELEC MONITORING-PACEMAKER									101
102 DONOR NEPHRECTOMY-UNILATERAL					1350.00	1321.40*	1350.00	1218.10*	102
103 KIDNEY TRANSPLANT					2598.00*	2370.00*	2179.00*	1910.00*	103
104 HOSPITAL BED - RENTAL					48.40L	55.00	57.20	48.40L	104
105 WALKER - RENTAL					12.50	16.00	16.00	16.00	105
106 WHEELCHAIR - RENTAL					20.00L	20.00L	20.00L	20.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					496.14L	496.14L	496.14L	496.14L	108
109 WALKER - PURCHASE					60.00	42.80	55.20	55.20	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	20	20	
1 INITIAL BRIEF OFFICE VISIT		15.60*	1
2 INITIAL LIMITED OFFICE VISIT	11.70*	15.60*	2
3 INITIAL INTERMED OFFICE VISIT		24.40*	3
4 INITIAL COMP OFFICE VISIT	30.00	58.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.80*	5.00	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	15.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	11.70*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	11.70*	15.60*	8
9 EXTENDED F/U OFFICE VISIT	19.50*	24.40*	9
10 COMP FOLLOWUP OFFICE VISIT	30.00	58.50*	10
11 BRIEF FOLLOWUP HOME VISIT	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT		19.50*	12
13 INTERMDIATE F/U HOME VISIT	19.50*	19.50*	13
14 EXTENDED CARE FACILITY VISIT		13.60*	14
15 BRIEF F/U NURSING HOME VISIT	15.00	15.60*	15
16 INITIAL BRIEF HOSPITAL VISIT	35.10*	39.00*	16
17 INIT INTERMED HOSPITAL VISIT		58.50*	17
18 INITIAL COMP HOSPITAL VISIT	44.80*	58.50*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	13.60*	11.70*	20
21 INTERMED F/U HOSPITAL VISIT	35.10*	39.00*	21
22 EXTENDEO F/U HOSPITAL VISIT		39.00*	22
23 BRIEF EMERGENCY ROOM VISIT		27.30*	23
24 LIMITED EMERGENCY ROOM VISIT		27.30*	24
25 INTERMED EMERGENCY ROOM VISIT		27.30*	25
26 LIMITED CONSULTATION	48.70*	35.00*	26
27 EXTENSIVE CONSULTATION		35.00*	27
28 COMPREHENSIVE CONSULTATION		31.20*	28
29 PSYCHOTHERAPY-ONE HOUR		48.70*	29
30 PSYCHOTHERAPY-HALF HOUR		29.20*	30
31 CHIROPRACTIC OFFICE VISIT	12.00	12.00	31
32 INITIAL PHYSIOTHERAPY			32
33 F/U PODIATRIC OFFICE VISIT		13.60*	33
34 ELECTROCARDIOGRAM (EKG)	23.40*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	9.40*	12.00	35
36 SPIROMETRY		35.00	36
37 ELECTROENCEPHALOGRAM (EEG)		78.00*	37
38 CHEMOTHERAPY		19.50*	38
39 COLLECTION OF SPECIMENS		3.00	39
40 OEBRIOEMENT OF NAILS		19.50*	40
41 SKIN BIOPSY		48.70*	41
42 CHEMOCAUTERY		30.00	42
43 RADICAL MASTECTOMY		832.20*	43
44 OPEN REDUCTION OF FRACTURE		974.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	25.00	29.20*	45
46 CORONARY ARTERY BYPASS		4163.10*	46
47 TOTAL ARTIFICIAL HIP REPLACE		3000.00	47
48 NEEOLE PUNCTURE OF BURSA		19.50*	48
49 BRONCHOSCOPY		146.20*	49
50 THORACENTESIS		39.00*	50
51 CATHERIZATION OF HEART		650.00	51
52 INSERTION OF PACEMAKER		1100.00	52
53 PARTIAL COLECTOMY		974.50*	53
54 APPENOECTOMY		487.25*	54
55 SIGMOIDOSCOPY		39.00*	55

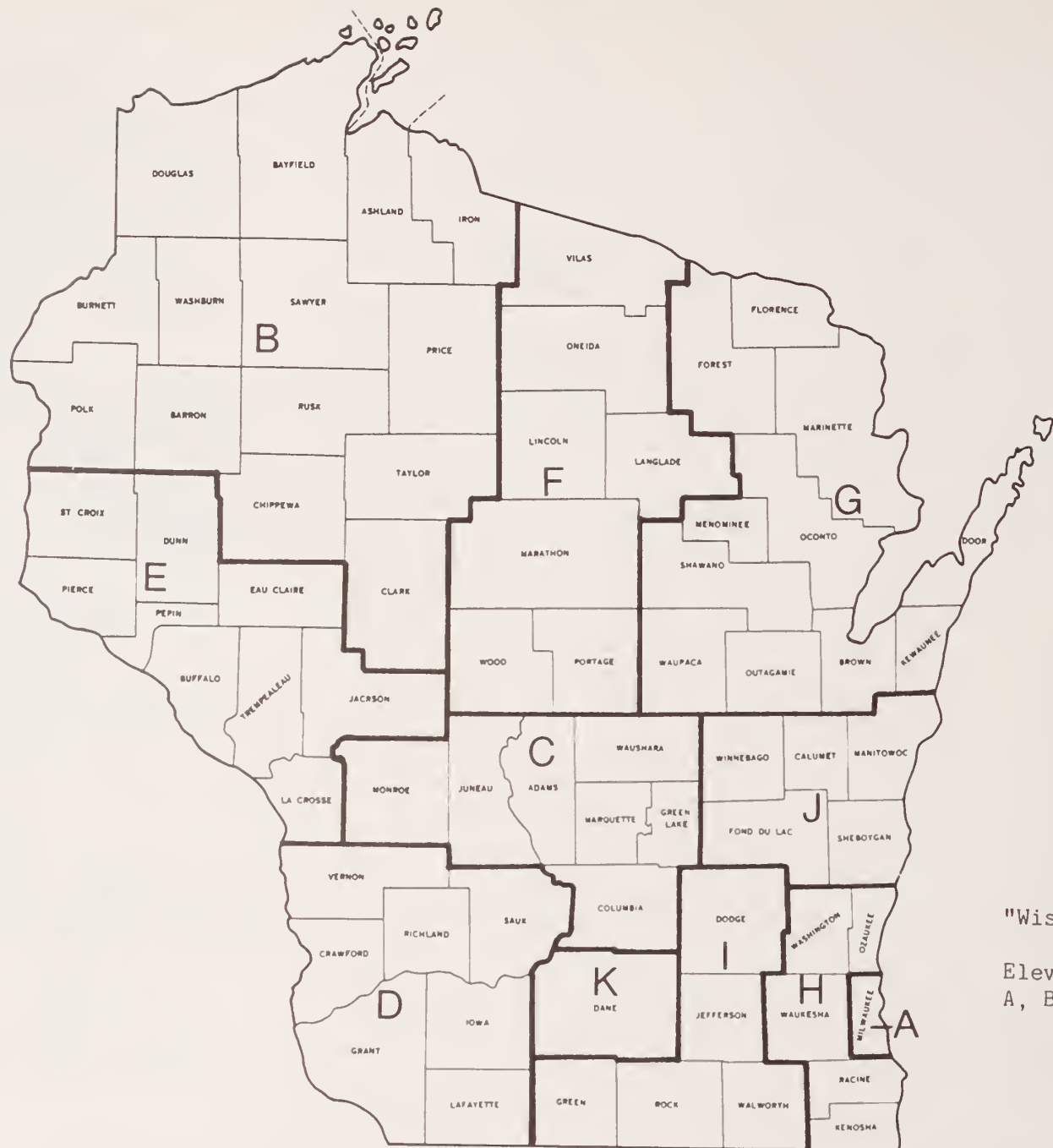
1983 PREVAILING CHARGE SUMMARY DATA NATIONWIDE MUTUAL INSURANCE CO.
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WEST VIRGINIA
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	20	20	
56 HEMORRHOIDECTOMY		450.00	56
57 CHOLECYSTECTOMY		584.70*	57
58 REPAIR HERNIA		389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	70.20*	70.20*	59
60 DILATION OF URETHRA		23.40*	60
61 PROSTATECTOMY - SUPRAPUBIC		935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	682.20*	828.30*	62
63 HYSTERECTOMY		877.10*	63
64 INITIAL COMPLETE EYE EXAM		29.00	64
65 COMPREHENSIVE EYE EXAM		29.00	65
66 EYE EXAM WITH TONOMETRY		25.00	66
67 EXTRACTION OF LENS	779.60*	760.10*	67
68 CHEST X-RAY - SINGLE VIEW	29.20*	23.40*	68
69 CHEST X-RAY - TWO VIEWS	29.20*	29.20*	69
70 X-RAY SPINE		30.00*	70
71 X-RAY HIP		35.00*	71
72 X-RAY UPPER GI TRACT	48.70*	78.00*	72
73 X-RAY COLON		68.20*	73
74 RADIATION THERAPY-LOW VOLT	24.40*	24.40*	74
75 RADIATION THERAPY-SUPER VOLT	35.10*	35.10*	75
76 RADIATION THERAPY-MEGAVOLT		40.00	76
77 CAT SCAN - HEAD		325.00	77
78 CAT SCAN - ABDOMEN		420.00*	78
79 THREE CHEMISTRY TESTS		1.80	79
80 NINETEEN CHEMISTRY TESTS		1.80	80
81 CULTURE - OTHER THAN BLOOD		3.00	81
82 HEMOGLOBIN		3.00L	82
83 AUTOMATED BLOOD COUNT			83
84 WHITE CELL COUNT		3.75L	84
85 COMPLETE BLOOD COUNT (CBC)		9.00L	85
86 CHOLESTEROL TEST		6.00L	86
87 FLOCCULATION TEST		8.00	87
88 HEMATOCRIT		3.00L	88
89 PLATELET COUNT (REES-ECKER)		10.00	89
90 POTASSIUM TEST - BLOOD		15.00	90
91 PROTHROMBIN TIME TEST		6.00L	91
92 SEDIMENTATION RATE		5.00L	92
93 BLOOD SUGAR		5.00L	93
94 BUN-UREA - NITROGEN		5.50L	94
95 URIC ACID		6.60L	95
96 FECES-OCCULT BLOOD-SCREENING		5.00	96
97 PAP TEST		7.00L	97
98 ROUTINE URINALYSIS		4.00L	98
99 CHEMICAL URINALYSIS		4.00	99
100 PATHOLOGY - THREE SPECIMENS		30.00	100
101 ELEC MONITORING-PACEMAKER			101
102 DONOR NEPHRECTOMY-UNILATERAL		1350.00	102
103 KIDNEY TRANSPLANT		2255.00*	103
104 HOSPITAL BED - RENTAL		55.00	104
105 WALKER - RENTAL		15.00	105
106 WHEELCHAIR - RENTAL		20.00L	106
107 LIQUIO OXYGEN - RENTAL		80.00	107
108 HOSPITAL BED - PURCHASE		496.14L	108
109 WALKER - PURCHASE		55.20	109
110 WHEELCHAIR - PURCHASE		250.00L	110

WISCONSIN

WISCONSIN



"Wisconsin Physicians Service"

Eleven Localities
A, B, C, D, E, F, G, H, I, J, K

1983 PREVAILING CHARGE SUMMARY DATA

WISCONSIN PHYSICIANS SERVICE

WISCONSIN

LOCALITY DESIGNATION FOR GENERAL PRACTICE

LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A-04	B-12	C-13	D-14	A-04	B-12	C-13	D-14	
1 INITIAL BRIEF OFFICE VISIT					23.00	19.50*	19.50*	23.00	1
2 INITIAL LIMITED OFFICE VISIT	24.00	18.00	15.00	20.00	32.00*	30.00	15.00	38.00	2
3 INITIAL INTERMED OFFICE VISIT					32.00*	30.00	15.00	38.00	3
4 INITIAL COMP OFFICE VISIT	21.00	25.00	20.50*	25.00	70.80*	68.50*	55.80*	68.20*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	10.00	5.80*	6.00	5.80*	10.50	6.00	5.80*	9.30*	5
6 BRIEF FOLLOWUP OFFICE VISIT	14.90*	11.70*	11.70*	11.70*	17.10*	11.70*	13.60*	13.60*	6
7 LIMITED FOLLOWUP OFFICE VISIT	18.00	14.00	13.00	14.00	22.00	14.60*	13.60*	15.60*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00	18.75	14.50	17.00	21.00	18.75	15.00	14.00	8
9 EXTENDED F/U OFFICE VISIT	22.80*	27.00	15.00	21.00	50.00	28.50*	20.00	45.00	9
10 COMP FOLLOWUP OFFICE VISIT	20.00	29.20*	35.00	35.00	68.10*	51.40*	49.30*	46.80*	10
11 BRIEF FOLLOWUP HOME VISIT	33.00	15.60*	19.50*	19.50*	27.30*	15.60*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT					37.50	19.50*	29.20*	29.20*	12
13 INTERMDIATE F/U HOME VISIT	42.00	19.50*	29.20*	12.00	37.50	19.50*	29.20*	29.20*	13
14 EXTENDED CARE FACILITY VISIT					19.60*	19.50*	14.60*	11.70*	14
15 BRIEF F/U NURSING HOME VISIT	19.60*	15.60*	14.60*	11.70*	19.60*	11.70*	15.60*	9.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	45.80*	35.10*	29.20*	29.20*	52.75*	35.10*	29.20*	48.70*	16
17 INIT INTERMED HOSPITAL VISIT					71.90*	50.00*	58.00	68.20*	17
18 INITIAL COMP HOSPITAL VISIT	68.10*	60.00	70.00	55.00	68.10*	87.90*	55.80*	62.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	19.60*	11.70*	11.70*	11.30*	19.60*	11.70*	7.80*	11.70*	19
20 LIMITED F/U HOSPITAL VISIT	19.60*	18.00	16.00	15.60*	20.50*	18.25	15.60*	15.60*	20
21 INTERMED F/U HOSPITAL VISIT	19.60*	18.00	16.00	15.60*	20.50*	18.25	15.60*	15.60*	21
22 EXTENDED F/U HOSPITAL VISIT					35.60	29.20*	28.80*	35.60	22
23 BRIEF EMERGENCY ROOM VISIT					35.60*	26.50*	25.50*	24.00*	23
24 LIMITED EMERGENCY ROOM VISIT					49.80*	37.10*	35.70*	33.60*	24
25 INTERMED EMERGENCY ROOM VISIT					71.25*	53.00*	51.00*	48.00*	25
26 LIMITED CONSULTATION	58.50*	28.00	35.10*	19.50*	66.20*	29.20*	35.10*	48.70*	26
27 EXTENSIVE CONSULTATION					68.10*	48.70*	58.50*	68.00	27
28 COMPREHENSIVE CONSULTATION					97.40*	92.50*	81.90*	68.20*	28
29 PSYCHOTHERAPY-ONE HOUR					60.90*	69.00	60.40*	68.50*	29
30 PSYCHOTHERAPY-HALF HOUR					50.70*	38.75	32.50*	36.90*	30
31 CHIROPRACTIC OFFICE VISIT	11.30*	20.00	20.00	20.00	14.00	11.00*	11.00*	11.00*	31
32 INITIAL PHYSIOTHERAPY					25.00	24.00*	13.90*	12.70*	32
33 F/U PODIATRIC OFFICE VISIT					17.10*	15.60*	15.60*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	41.00	29.20*	29.20*	20.00	29.10*	28.90	26.00	31.20*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	9.70*P	9.70*P	7.80*P	6.60*P	7.60*P	7.00 P	9.70*P	35
36 SPIROMETRY					55.00	19.90*	45.20*	42.30*	36
37 ELECTROENCEPHALOGRAM (EEG)					81.90*	71.20*	71.40*	66.80*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00*	3.00*	3.00*	3.00*	39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					36.90	29.20*	29.20*	29.20*	41
42 CHEMOCAUTERY					57.30*	58.50*	64.10*	53.90*	42
43 RADICAL MASTECTOMY					876.90*	682.10*	818.50*	818.50*	43
44 OPEN REDUCTION OF FRACTURE					1070.10*	1107.00	1107.00	935.50*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.70*	30.60*	32.70*	31.50*	35.70*	30.60*	32.70*	31.50*	45
46 CORONARY ARTERY BYPASS					4000.00	4000.00	4000.00	3417.40*	46
47 TOTAL ARTIFICIAL HIP REPLACE					1461.60*	2310.00	2310.00	1950.40*	47
48 NEEDLE PUNCTURE OF BURSA					35.70*	30.60*	32.70*	31.50*	48
49 BRONCHOSCOPY					292.30*	146.20*	294.90*	247.70*	49
50 THORACENTESIS					81.90*	50.60*	75.00	39.20*	50
51 CATHETERIZATION OF HEART					487.20*	625.00	625.00	625.00	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					1110.00	1060.90*	1053.00	915.80*	53
54 APPENDECTOMY	485.90*	467.70*	467.70*	467.70*	487.20*	419.00*	627.10*	350.80*	54
55 SIGMOIDOSCOPY					58.50*	42.00	48.70*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	A-04	B-12	C-13	O-14	A-04	B-12	C-13	O-14	
56 HEMORRHOIDECTOMY					431.00	292.30*	292.30*	350.80*	56
57 CHOLECYSTECTOMY					730.90*	555.40*	701.60*	701.60*	57
58 REPAIR HERNIA					431.00	389.80*	409.50	389.80*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	110.30*	48.70*	58.50*	95.00*	77.90*	96.50*	93.20*	78.30*	59
60 DILATION OF URETHRA					17.50*	20.00	20.00	19.20*	60
61 PROSTATECTOMY - SUPRAPUBIC					1035.50*	779.60*	935.50*	900.80*	61
62 ELECTROSECTION-PROSTATE (TUR)	822.40*	935.50*	528.00*	881.30*	935.40*	779.60*	935.50*	889.10*	62
63 HYSTERECTOMY					876.90*	1031.60	1014.10*	851.90*	63
64 INITIAL COMPLETE EYE EXAM					29.00	19.50*	22.30*	25.30*	64
65 COMPREHENSIVE EYE EXAM					29.20*	31.20	32.80	29.50*	65
66 EYE EXAM WITH TONOMETRY					20.00	19.50*	16.70*	19.00*	66
67 EXTRACTION OF LENS	927.30*	843.90*	990.80*	935.50*	974.40*	1017.00	877.00*	935.50*	67
68 CHEST X-RAY - SINGLE VIEW	25.40*	19.50*	23.40*	15.00	25.40*	23.40*	23.90*	19.50*	68
69 CHEST X-RAY - TWO VIEWS	37.00	29.00	25.00	28.00	31.20*	35.10*	34.10*	36.90	69
70 X-RAY SPINE					35.00	41.50*	42.10*	46.30*	70
71 X-RAY HIP					35.10*	44.90*	45.50*	50.00	71
72 X-RAY UPPER GI TRACT	77.90*	68.20*	48.70*	39.00*	62.30*	71.80*	72.80*	80.20*	72
73 X-RAY COLON					58.50*	67.30*	68.20*	70.00	73
74 RADIATION THERAPY-LOW VOLT	16.10*	31.40*	31.90*	35.00	16.10*	31.40*	31.90*	35.00	74
75 RADIATION THERAPY-SUPER VOLT	16.10*	44.90*	45.50*	50.10*	16.10*	44.90*	45.50*	50.10*	75
76 RAOIATION THERAPY-MEGAVOLT					41.80*	40.60*	50.00	47.40*	76
77 CAT SCAN - HEAD					308.80*	300.10*	325.00	325.00	77
78 CAT SCAN - ABDOMEN					373.40*	362.90*	449.30*	423.70*	78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					31.50	30.90	30.90	30.90	80
81 CULTURE - OTHER THAN BLOOD					26.00	14.40	14.40	14.40	81
82 HEMOGLOBIN					6.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					18.25	14.75	14.75	14.75	83
84 WHITE CELL COUNT					6.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOO COUNT (CBC)					20.00L	13.00L	13.00L	13.00L	85
86 CHOLESTEROL TEST					7.50L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					10.00	7.60	7.60	7.60	87
88 HEMATOCRIT					6.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					14.00	10.40	10.40	10.40	89
90 POTASSIUM TEST - BLOOO					11.10	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					11.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					7.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					11.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					11.00L	8.50L	8.50L	8.50L	94
95 URIC ACID					8.50L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOO-SCREENING					6.20	5.00	5.00	5.00	96
97 PAP TEST					7.00L	7.50L	7.50L	7.50L	97
98 ROUTINE URINALYSIS					8.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					5.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					33.00	29.75	29.75	29.75	100
101 ELEC MONITORING-PACEMAKER					38.00	34.30*	34.40*	32.20*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1232.70*	1224.30*	1485.40*	1056.70*	102
103 KIDNEY TRANSPLANT					2085.90*	2055.60*	2055.60*	2055.60*	103
104 HOSPITAL BED - RENTAL					50.00L	35.00L	35.00L	35.00L	104
105 WALKER - RENTAL					23.00	10.00	10.00	10.00	105
106 WHEELCHAIR - RENTAL					28.00L	17.00L	17.00L	17.00L	106
107 LIQUID OXYGEN - RENTAL					90.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					447.50L	470.00L	470.00L	470.00L	108
109 WALKER - PURCHASE					48.30	46.00	46.00	46.00	109
110 WHEELCHAIR - PURCHASE					325.00L	250.00L	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE LOCALITY DESIGNATION FOR GENERAL PRACTICE					WISCONSIN LOCALITY DESIGNATION FOR SPECIALIST				
PROCEDURE DESCRIPTION	K-15	E-19	F-36	G-40	K-15	E-19	F-36	G-40	
1 INITIAL BRIEF OFFICE VISIT					25.00	21.00	22.00	42.00	1
2 INITIAL LIMITED OFFICE VISIT	20.00	20.00	20.00	18.50	44.00	48.70*	35.00	41.00	2
3 INITIAL INTERMED OFFICE VISIT					44.00	48.70*	35.00	41.00	3
4 INITIAL COMP OFFICE VISIT	25.00	25.00	25.00	25.00	68.20*	68.20*	25.00	58.50*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	5.00	5.80*	5.80*	5.80*	9.70*	5.80*	9.70*	5.80*	5
6 BRIEF FOLLOWUP OFFICE VISIT	11.70*	11.70*	11.70*	9.70*	15.60*	15.60*	11.70*	11.70*	6
7 LIMITED FOLLOWUP OFFICE VISIT	17.00	15.00	15.60*	15.00	19.50*	19.50*	19.50*	17.00	7
8 INTERMEDIATE F/U OFFICE VISIT	27.00	13.00	13.00	15.00	26.10	31.20*	19.50*	19.50*	8
9 EXTENDED F/U OFFICE VISIT	25.00	37.00*	16.50	28.00	37.00	46.80*	39.00*	29.20*	9
10 COMP FOLLOWUP OFFICE VISIT	34.00	35.00	39.00*	35.00	48.70*	48.70*	48.70*	39.00*	10
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	19.50*	19.50*	23.40*	19.50*	19.50*	19.50*	11
12 LIMITED FOLLOWUP HOME VISIT					29.20*	25.00	19.50*	29.20*	12
13 INTERMEDIATE F/U HOME VISIT	29.20*	29.20*	19.50*	20.00	29.20*	25.00	19.50*	29.20*	13
14 EXTENDED CARE FACILITY VISIT					23.40*	9.70*	15.60*	25.00	14
15 BRIEF F/U NURSING HOME VISIT	19.50	14.00	13.00	11.70*	23.40*	13.60*	15.60*	11.70*	15
16 INITIAL BRIEF HOSPITAL VISIT	40.90*	29.20*	35.10*	39.00*	60.00	48.70*	45.00	58.50*	16
17 INIT INTERMED HOSPITAL VISIT					70.50	48.70*	70.20*	65.00	17
18 INITIAL COMP HOSPITAL VISIT	66.10*	70.20*	48.70*	60.00	81.50	68.20*	70.20*	70.00	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	11.70*	11.70*	11.70*	11.70*	15.60*	13.60*	15.60*	15.60*	19
20 LIMITED F/U HOSPITAL VISIT	19.50*	15.00	15.60*	15.00	19.50*	18.00	23.40*	19.50*	20
21 INTERMED F/U HOSPITAL VISIT	19.50*	15.00	15.60*	15.00	19.50*	18.00	23.40*	19.50*	21
22 EXTENDED F/U HOSPITAL VISIT					40.70	38.25	32.00	50.00	22
23 BRIEF EMERGENCY ROOM VISIT					31.50*	27.50*	32.00*	27.00*	23
24 LIMITED EMERGENCY ROOM VISIT					44.10*	38.50*	44.80*	37.80*	24
25 INTERMED EMERGENCY ROOM VISIT					63.00*	55.00*	64.00*	54.00*	25
26 LIMITED CONSULTATION	29.20*	29.20*	29.20*	25.00	33.10*	39.00*	29.20*	39.00*	26
27 EXTENSIVE CONSULTATION					68.20*	62.40*	48.70*	90.00	27
28 COMPREHENSIVE CONSULTATION					61.40*	82.80	70.20*	94.00	28
29 PSYCHOTHERAPY-ONE HOUR					68.20*	68.20*	65.00	68.20*	29
30 PSYCHOTHERAPY-HALF HOUR					50.70*	35.10*	32.30*	34.70*	30
31 CHIROPRACTIC OFFICE VISIT	20.00	20.00	20.00	20.00	11.00*	11.00*	11.00*	11.00*	31
32 INITIAL PHYSIOTHERAPY					25.00	21.10*	21.60*	26.30*	32
33 F/U PODIATRIC OFFICE VISIT					15.60*	15.60*	15.60*	15.60*	33
34 ELECTROCARDIOGRAM (EKG)	29.20*	29.20*	30.00	29.20*	29.20*	29.20*	33.10*	29.20*	34
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	9.70*P	9.70*P	7.80*P	8.50 P	13.60*P	9.70*P	9.70*P	35
36 SPIROMETRY					27.70*	45.10*	66.10*	25.20*	36
37 ELECTROENCEPHALOGRAM (EEG)					78.00*	78.00*	66.00*	73.70*	37
38 CHEMOTHERAPY									38
39 COLLECTION OF SPECIMENS					3.00*	3.00*	3.00*	3.00*	39
40 DEBRIDEMENT OF NAILS									40
41 SKIN BIOPSY					29.20*	36.90	29.20*	29.20*	41
42 CHEMOCAUTERY					70.00	70.00	70.00	61.90*	42
43 RADICAL MASTECTOMY					1023.10*	954.90*	818.50*	818.50*	43
44 OPEN REDUCTION OF FRACTURE					1091.40*	1105.10	1091.40*	877.00*	44
45 ARTHROCENTESIS-MAJOR JOINT	35.10*	38.10*	32.10*	33.00*	35.10*	38.10*	32.10*	33.00*	45
46 CORONARY ARTERY BYPASS					3289.30*	3971.00*	3476.50*	3300.00	46
47 TOTAL ARTIFICIAL HIP REPLACE					2273.50*	2266.40*	1808.00*	1924.30*	47
48 NEEDLE PUNCTURE OF BURSA					35.10*	38.10*	32.10*	33.00*	48
49 BRONCHOSCOPY					272.80*	312.50	214.40*	194.90*	49
50 THORACENTESIS					48.00*	57.10*	73.70*	35.10*	50
51 CATHETERIZATION OF HEART					613.90*	625.00	625.00	487.20*	51
52 INSERTION OF PACEMAKER					1100.00	1100.00	1100.00	1100.00	52
53 PARTIAL COLECTOMY					1051.20*	1007.30*	915.50*	982.40*	53
54 APPENDECTOMY	545.70*	545.70*	467.70*	389.80*	584.70*	545.70*	467.70*	467.70*	54
55 SIGMOIDOSCOPY					39.00*	48.70*	35.10*	39.00*	55

1983 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	K-15	E-19	F-36	G-40	K-15	E-19	F-36	G-40	
56 HEMORRHOIDECTOMY					431.00	431.00	409.30*	350.80*	56
57 CHOLECYSTECTOMY					835.00	755.00	701.60*	701.60*	57
58 REPAIR HERNIA					487.20*	477.50*	409.30*	409.30*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	57.40*	63.00*	96.60*	109.20*	58.50*	68.20*	68.20*	58.50*	59
60 DILATION OF URETHRA					17.50	17.50	20.00	22.00	60
61 PROSTATECTOMY - SUPRAPUBIC					935.50*	1091.40*	935.50*	935.50*	61
62 ELECTROSECTION-PROSTATE (TUR)	996.00*	1091.40*	935.50*	990.30*	935.50*	1091.40*	925.70*	935.50*	62
63 HYSTERECTOMY					954.90*	940.00	877.00*	818.50*	63
64 INITIAL COMPLETE EYE EXAM					25.00	23.40*	30.00	29.20*	64
65 COMPREHENSIVE EYE EXAM					31.20*	35.00	34.30*	35.20*	65
66 EYE EXAM WITH TONOMETRY					23.40*	19.50*	23.40*	19.50*	66
67 EXTRACTION OF LENS	917.70*	1091.30*	851.70*	844.00*	877.00*	935.50*	935.50*	900.00	67
68 CHEST X-RAY - SINGLE VIEW	23.40*	23.40*	19.50*	23.40*	19.50*	19.50*	23.40	21.40*	68
69 CHEST X-RAY - TWO VIEWS	35.10*	31.10	35.10*	30.00	37.00	30.20*	36.90	17.00	69
70 X-RAY SPINE					50.00	40.70	35.10*	29.20*	70
71 X-RAY HIP					35.10*	29.20*	46.80*	46.80*	71
72 X-RAY UPPER GI TRACT	58.50*	83.00	68.20*	70.20*	78.00*	60.40*	46.80*	87.00	72
73 X-RAY COLON					78.00*	60.40*	68.20*	48.70*	73
74 RADIATION THERAPY-LOW VOLT	33.40*	30.30*	35.00	32.70*	35.00	29.20*	35.00	19.50*	74
75 RADIATION THERAPY-SUPER VOLT	47.70*	43.25*	51.10*	46.70*	58.50*	48.70*	21.40*	19.50*	75
76 RADIATION THERAPY-MEGAVOLT					45.30*	44.40*	50.00	43.90*	76
77 CAT SCAN - HEAD					325.00	325.00	325.00	324.20*	77
78 CAT SCAN - ABDOMEN					404.80*	325.00	456.00*	392.00*	78
79 THREE CHEMISTRY TESTS									79
80 NINETEEN CHEMISTRY TESTS					30.90	30.90	30.90	30.90	80
81 CULTURE - OTHER THAN BLOOD					14.40	14.40	14.40	14.40	81
82 HEMOGLOBIN					4.00L	4.00L	4.00L	4.00L	82
83 AUTOMATED BLOOD COUNT					14.75	14.75	14.75	14.75	83
84 WHITE CELL COUNT					4.00L	4.00L	4.00L	4.00L	84
85 COMPLETE BLOOD COUNT (CBC)					13.00L	13.00L	13.00L	13.00L	85
86 CHOLESTEROL TEST					7.00L	7.00L	7.00L	7.00L	86
87 FLOCCULATION TEST					7.60	7.60	7.60	7.60	87
88 HEMATOCRIT					4.00L	4.00L	4.00L	4.00L	88
89 PLATELET COUNT (REES-ECKER)					10.40	10.40	10.40	10.40	89
90 POTASSIUM TEST - BLOOD					10.00	10.00	10.00	10.00	90
91 PROTHROMBIN TIME TEST					7.00L	7.00L	7.00L	7.00L	91
92 SEDIMENTATION RATE					6.00L	6.00L	6.00L	6.00L	92
93 BLOOD SUGAR					7.00L	7.00L	7.00L	7.00L	93
94 BUN-UREA - NITROGEN					8.50L	8.50L	8.50L	8.50L	94
95 URIC ACID					8.00L	8.00L	8.00L	8.00L	95
96 FECES-OCCULT BLOOD-SCREENING					5.00	5.00	5.00	5.00	96
97 PAP TEST					7.50L	7.50L	7.50L	7.50L	97
98 ROUTINE URINALYSIS					5.00L	5.00L	5.00L	5.00L	98
99 CHEMICAL URINALYSIS					4.00	4.00	4.00	4.00	99
100 PATHOLOGY - THREE SPECIMENS					29.75	29.75	29.75	29.75	100
101 ELEC MONITORING-PACEMAKER					35.10*	35.20*	31.80*	35.50*	101
102 DONOR NEPHRECTOMY-UNILATERAL					1113.10*	1236.60*	1073.50*	1198.90*	102
103 KIDNEY TRANSPLANT					2055.60*	2055.60*	2055.60*	2055.60*	103
104 HOSPITAL BED - RENTAL					35.00L	35.00L	35.00L	35.00L	104
105 WALKER - RENTAL					10.00	10.00	10.00	10.00	105
106 WHEELCHAIR - RENTAL					17.00L	17.00L	17.00L	17.00L	106
107 LIQUID OXYGEN - RENTAL					80.00	80.00	80.00	80.00	107
108 HOSPITAL BED - PURCHASE					470.00L	470.00L	470.00L	470.00L	108
109 WALKER - PURCHASE					46.00	46.00	46.00	46.00	109
110 WHEELCHAIR - PURCHASE					250.00L	250.00L	250.00L	250.00L	110

1983 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	H-46	I-54	J-60
1 INITIAL BRIEF OFFICE VISIT			
2 INITIAL LIMITED OFFICE VISIT	24.00	30.00	20.00
3 INITIAL INTERMED OFFICE VISIT			
4 INITIAL COMP OFFICE VISIT	25.00	25.00	25.00
5 MINIMAL FOLLOWUP OFFICE VISIT	7.80*	5.80*	4.00
6 BRIEF FOLLOWUP OFFICE VISIT	13.60*	11.70*	11.70*
7 LIMITED FOLLOWUP OFFICE VISIT	16.00	15.60*	15.00
8 INTERMEDIATE F/U OFFICE VISIT	18.00	15.00	16.00
9 EXTENDED F/U OFFICE VISIT	25.00	30.00	25.00
10 COMP FOLLOWUP OFFICE VISIT	39.00*	37.50	48.70*
11 BRIEF FOLLOWUP HOME VISIT	23.40*	19.50*	19.50*
12 LIMITED FOLLOWUP HOME VISIT			
13 INTERMDIATE F/U HOME VISIT	30.00	35.10*	29.20*
14 EXTENDED CARE FACILITY VISIT			
15 BRIEF F/U NURSING HOME VISIT	19.50*	19.50*	16.00
16 INITIAL BRIEF HOSPITAL VISIT	46.80*	39.00*	39.00*
17 INIT INTERMED HOSPITAL VISIT			
18 INITIAL COMP HOSPITAL VISIT	77.00	65.00	66.00
19 BRIEF FOLLOWUP HOSPITAL VISIT	13.60*	13.60*	11.70*
20 LIMITED F/U HOSPITAL VISIT	19.50*	16.00	15.60*
21 INTERMED F/U HOSPITAL VISIT	19.50*	16.00	15.60*
22 EXTENDED F/U HOSPITAL VISIT			
23 BRIEF EMERGENCY ROOM VISIT			
24 LIMITED EMERGENCY ROOM VISIT			
25 INTERMED EMERGENCY ROOM VISIT			
26 LIMITED CONSULTATION	29.20*	19.50*	29.20*
27 EXTENSIVE CONSULTATION			
28 COMPREHENSIVE CONSULTATION			
29 PSYCHOTHERAPY-ONE HOUR			
30 PSYCHOTHERAPY-HALF HOUR			
31 CHIROPRACTIC OFFICE VISIT	20.00	20.00	20.00
32 INITIAL PHYSIOTHERAPY			
33 F/U PODIATRIC OFFICE VISIT			
34 ELECTROCARDIOGRAM (EKG)	32.20*	29.20*	33.00
35 EKG-INTERPRET AND REPORT ONLY	10.00 P	10.00 P	10.00 P
36 SPIROMETRY			
37 ELECTROENCEPHALOGRAM (EEG)			
38 CHEMOTHERAPY			
39 COLLECTION OF SPECIMENS			
40 DEBRIDEMENT OF NAILS			
41 SKIN BIOPSY			
42 CHEMOCAUTERY			
43 RADICAL MASTECTOMY			
44 OPEN REDUCTION OF FRACTURE			
45 ARTHROCENTESIS-MAJOR JOINT	38.40*	34.80*	34.50*
46 CORONARY ARTERY BYPASS			
47 TOTAL ARTIFICIAL HIP REPLACE			
48 NEEDLE PUNCTURE OF BURSA			
49 BRONCHOSCOPY			
50 THORACENTESIS			
51 CATHERIZATION OF HEART			
52 INSERTION OF PACEMAKER			
53 PARTIAL COLECTOMY			
54 APPENDECTOMY	467.70*	428.75*	467.70*
55 SIGMOIDOSCOPY			

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

H-46	I-54	J-60	
30.00	26.00	25.00	1
30.00	48.70*	30.00	2
30.00	48.70*	30.00	3
68.20*	58.50*	68.00	4
7.80*	7.80*	7.80*	5
15.60*	13.60*	14.60*	6
19.50*	18.50	19.00	7
19.50*	23.40*	18.00	8
26.00	29.20*	39.00*	9
48.70*	48.70*	58.00	10
23.40*	19.50*	19.50*	11
33.00	31.00	29.20*	12
33.00	31.00	29.20*	13
19.50*	19.50*	17.00	14
19.50*	19.50*	18.00	15
68.20*	48.70*	58.50*	16
77.00	58.50*	65.00	17
77.00	68.20*	72.00	18
19.50*	13.60*	15.60*	19
19.50*	19.50*	18.00	20
19.50*	19.50*	18.00	21
35.00	35.10*	28.00	22
30.50*	28.75*	28.00*	23
42.70*	40.25*	39.20*	24
61.00*	57.50*	56.00*	25
39.00*	29.20*	29.20*	26
68.20*	68.20*	78.00*	27
78.00*	68.20*	85.00	28
68.20*	68.20*	68.20*	29
36.80*	30.10*	49.00	30
11.00*	11.00*	11.00*	31
23.10*	20.00*	27.40*	32
15.60*	15.60*	15.60*	33
35.10*	29.20*	29.20*	34
11.70*P	11.70*P	11.70*P	35
34.50*	25.60*	45.00	36
71.70*	68.20*	78.90	37
			38
3.00*	3.00*	3.00*	39
			40
36.90	31.20*	36.90	41
70.00	56.40*	70.00	42
818.50*	682.10*	877.00*	43
935.50*	974.40*	935.50*	44
38.40*	34.80*	34.50*	45
3972.40*	3581.50*	3717.80*	46
2105.70*	1974.40*	1503.20*	47
38.40*	34.80*	34.50*	48
190.00*	175.40*	175.40*	49
84.20*	51.30*	73.50*	50
625.00	625.00	625.00	51
1100.00	1100.00	1100.00	52
1052.90*	1071.40*	997.10*	53
487.20*	518.40*	497.00*	54
48.70*	39.00*	48.70*	55

1983 PREVAILING CHARGE SUMMARY DATA WISCONSIN PHYSICIANS SERVICE
LOCALITY DESIGNATION FOR GENERAL PRACTICE

PROCEDURE DESCRIPTION	H-46	I-54	J-60
56 HEMORRHOIDECTOMY			
57 CHOLECYSTECTOMY			
58 REPAIR HERNIA			
59 DIAGNOSTIC CYSTOURETHROSCOPY	105.90*	58.50*	86.30*
60 DILATION OF URETHRA			
61 PROSTATECTOMY - SUPRAPUBIC			
62 ELECTROSECTION-PROSTATE (TUR)	1038.10*	1009.80*	935.50*
63 HYSTERECTOMY			
64 INITIAL COMPLETE EYE EXAM			
65 COMPREHENSIVE EYE EXAM			
66 EYE EXAM WITH TONOMETRY			
67 EXTRACTION OF LENS	984.00	903.10*	852.20*
68 CHEST X-RAY - SINGLE VIEW	25.00	23.40*	25.30*
69 CHEST X-RAY - TWO VIEWS	35.10*	29.20*	29.20*
70 X-RAY SPINE			
71 X-RAY HIP			
72 X-RAY UPPER GI TRACT	70.20*	56.00*	58.50*
73 X-RAY COLON			
74 RADIATION THERAPY-LOW VOLT	31.90*	35.00	29.50*
75 RADIATION THERAPY-SUPER VOLT	45.50*	50.60*	42.10*
76 RADIATION THERAPY-MEGAVOLT			
77 CAT SCAN - HEAD			
78 CAT SCAN - ABDOMEN			
79 THREE CHEMISTRY TESTS			
80 NINETEEN CHEMISTRY TESTS			
81 CULTURE - OTHER THAN BLOOD			
82 HEMOGLOBIN			
83 AUTOMATED BLOOD COUNT			
84 WHITE CELL COUNT			
85 COMPLETE BLOOD COUNT (CBC)			
86 CHOLESTEROL TEST			
87 FLOCCULATION TEST			
88 HEMATOCRIT			
89 PLATELET COUNT (REES-ECKER)			
90 POTASSIUM TEST - BLOOD			
91 PROTHROMBIN TIME TEST			
92 SEDIMENTATION RATE			
93 BLOOD SUGAR			
94 BUN-UREA - NITROGEN			
95 URIC ACID			
96 FECES-OCCULT BLOOD-SCREENING			
97 PAP TEST			
98 ROUTINE URINALYSIS			
99 CHEMICAL URINALYSIS			
100 PATHOLOGY - THREE SPECIMENS			
101 ELEC MONITORING-PACEMAKER			
102 DONOR NEPHRECTOMY-UNILATERAL			
103 KIDNEY TRANSPLANT			
104 HOSPITAL BED - RENTAL			
105 WALKER - RENTAL			
106 WHEELCHAIR - RENTAL			
107 LIQUID OXYGEN - RENTAL			
108 HOSPITAL BED - PURCHASE			
109 WALKER - PURCHASE			
110 WHEELCHAIR - PURCHASE			

WISCONSIN
LOCALITY DESIGNATION FOR SPECIALIST

H-46	I-54	J-60	
389.80*	382.00*	350.80*	56
760.10*	791.20*	730.80*	57
467.70*	487.20*	409.30*	58
115.00	93.50*	97.50*	59
17.00	23.40*	13.00	60
1052.40*	740.60*	935.50*	61
1052.40*	1091.40*	935.50*	62
877.00*	982.20*	877.00*	63
30.00	40.00	29.20*	64
30.40	35.20	28.00	65
17.00	18.50	15.60*	66
974.40*	857.50*	779.60*	67
19.50*	27.00	19.50*	68
29.20*	29.20*	29.20*	69
39.00*	35.10*	29.20*	70
46.80*	46.80*	35.10*	71
68.20*	81.00*	78.00*	72
58.50*	70.00	68.20*	73
12.50*	35.00	29.50*	74
15.60*	9.70*	35.00*	75
44.90*	48.90*	41.00*	76
325.00	325.00	302.60*	77
400.90*	436.70*	366.00*	78
			79
30.90	30.90	30.90	80
14.40	14.40	14.40	81
4.00L	4.00L	4.00L	82
14.75	14.75	14.75	83
4.00L	4.00L	4.00L	84
13.00L	13.00L	13.00L	85
7.00L	7.00L	7.00L	86
7.60	7.60	7.60	87
4.00L	4.00L	4.00L	88
10.40	10.40	10.40	89
10.00	10.00	10.00	90
7.00L	7.00L	7.00L	91
6.00L	6.00L	6.00L	92
7.00L	7.00L	7.00L	93
8.50L	8.50L	8.50L	94
8.00L	8.00L	8.00L	95
5.00	5.00	5.00	96
7.50L	7.50L	7.50L	97
5.00L	5.00L	5.00L	98
4.00	4.00	4.00	99
29.75	29.75	29.75	100
34.50*	32.40*	38.00	101
1260.40*	1134.50*	1168.70*	102
2055.60*	2055.60*	2055.60*	103
35.00L	35.00L	35.00L	104
10.00	10.00	10.00	105
17.00L	17.00L	17.00L	106
80.00	80.00	80.00	107
470.00L	470.00L	470.00L	108
46.00	46.00	46.00	109
250.00L	250.00L	250.00L	110

WYOMING

WYOMING



One Locality - Statewide

1983 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WYOMING
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
1 INITIAL BRIEF OFFICE VISIT		25.00*	1
2 INITIAL LIMITED OFFICE VISIT	30.00*	25.00*	2
3 INITIAL INTERMED OFFICE VISIT		30.00*	3
4 INITIAL COMP OFFICE VISIT	45.00*	62.60*	4
5 MINIMAL FOLLOWUP OFFICE VISIT	7.60*	7.10*	5
6 BRIEF FOLLOWUP OFFICE VISIT	10.80*	12.50*	6
7 LIMITED FOLLOWUP OFFICE VISIT	14.40*	18.00*	7
8 INTERMEDIATE F/U OFFICE VISIT	18.00*	20.00*	8
9 EXTENDED F/U OFFICE VISIT	20.00*	30.00*	9
10 COMP FOLLOWUP OFFICE VISIT	35.00*	53.70*	10
11 BRIEF FOLLOWUP HOME VISIT	18.00*	21.50*	11
12 LIMITED FOLLOWUP HOME VISIT		25.00*	12
13 INTERMDIATE F/U HOME VISIT	20.00*	38.50*	13
14 EXTENDED CARE FACILITY VISIT		13.60*	14
15 BRIEF F/U NURSING HOME VISIT	10.80*	12.50*	15
16 INITIAL BRIEF HOSPITAL VISIT	26.90*	44.70*	16
17 INIT INTERMED HOSPITAL VISIT		62.60*	17
18 INITIAL COMP HOSPITAL VISIT	58.20*	71.70*	18
19 BRIEF FOLLOWUP HOSPITAL VISIT	14.40*	18.00*	19
20 LIMITED F/U HOSPITAL VISIT	18.00*	18.00*	20
21 INTERMED F/U HOSPITAL VISIT	21.00*	30.00*	21
22 EXTENDED F/U HOSPITAL VISIT		26.90*	22
23 BRIEF EMERGENCY ROOM VISIT		22.50*	23
24 LIMITED EMERGENCY ROOM VISIT			24
25 INTERMED EMERGENCY ROOM VISIT			25
26 LIMITED CONSULTATION	35.70*	33.70*	26
27 EXTENSIVE CONSULTATION		62.60*	27
28 COMPREHENSIVE CONSULTATION		101.10*	28
29 PSYCHOTHERAPY-ONE HOUR		40.00*	29
30 PSYCHOTHERAPY-HALF HOUR		22.50*	30
31 CHIROPRACTIC OFFICE VISIT	10.40*	10.80*	31
32 INITIAL PHYSIOTHERAPY		33.70*	32
33 F/U PODIATRIC OFFICE VISIT		12.50*	33
34 ELECTROCARDIOGRAM (EKG)	26.90*	26.90*	34
35 EKG-INTERPRET AND REPORT ONLY	12.50*	17.00*	35
36 SPIROMETRY		37.50*	36
37 ELECTROENCEPHALOGRAM (EEG)		75.50*	37
38 CHEMOTHERAPY			38
39 COLLECTION OF SPECIMENS		3.00*	39
40 DEBRIDEMENT OF NAILS		11.20*	40
41 SKIN BIOPSY		26.90*	41
42 CHEMOCAUTERY		18.00*	42
43 RADICAL MASTECTOMY		779.80*	43
44 OPEN REDUCTION OF FRACTURE		716.20*	44
45 ARTHROCENTESIS-MAJOR JOINT	32.70*	34.80*	45
46 CORONARY ARTERY BYPASS		4235.00*	46
47 TOTAL ARTIFICIAL HIP REPLACE		1153.00*	47
48 NEEDLE PUNCTURE OF BURSA		26.90*	48
49 BRONCHOSCOPY		159.00*	49
50 THORACENTESIS		26.90	50
51 CATHETERIZATION OF HEART		522.00	51
52 INSERTION OF PACEMAKER		1160.00*	52
53 PARTIAL COLECTOMY		792.00*	53
54 APPENDECTOMY	436.00*	399.00*	54
55 SIGMOIDOSCOPY		26.90*	55

1983 PREVAILING CHARGE SUMMARY DATA EQUITABLE LIFE ASSURANCE SOCIETY
LOCALITY DESIGNATION FOR GENERAL PRACTICE

WYOMING
LOCALITY DESIGNATION FOR SPECIALIST

PROCEDURE DESCRIPTION	SINGLE	SINGLE	
56 HEMORRHOIDECTOMY		295.50*	56
57 CHOLECYSTECTOMY		671.50*	57
58 REPAIR HERNIA		358.10*	58
59 DIAGNOSTIC CYSTOURETHROSCOPY	54.50*	53.70*	59
60 DILATION OF URETHRA		18.00*	60
61 PROSTATECTOMY - SUPRAPUBIC		848.00*	61
62 ELECTROSECTION-PROSTATE (TUR)	675.80*	716.20*	62
63 HYSTERECTOMY		805.60*	63
64 INITIAL COMPLETE EYE EXAM		27.00*	64
65 COMPREHENSIVE EYE EXAM		39.60*	65
66 EYE EXAM WITH TONOMETRY		13.00*	66
67 EXTRACTION OF LENS	872.00*	751.90*	67
68 CHEST X-RAY - SINGLE VIEW	18.00*	21.00*	68
69 CHEST X-RAY - TWO VIEWS	26.90*	26.90*	69
70 X-RAY SPINE		26.90*	70
71 X-RAY HIP		26.90*	71
72 X-RAY UPPER GI TRACT	53.70*	53.70*	72
73 X-RAY COLON		53.70*	73
74 RADIATION THERAPY-LOW VOLT	30.30*	29.40*	74
75 RADIATION THERAPY-SUPER VOLT	40.40*	39.20*	75
76 RADIATION THERAPY-MEGAVOLT		39.20*	76
77 CAT SCAN - HEAD		256.80*	77
78 CAT SCAN - ABDOMEN		288.90*	78
79 THREE CHEMISTRY TESTS		10.00*	79
80 NINETEEN CHEMISTRY TESTS		25.00*	80
81 CULTURE - OTHER THAN BLOOD		10.00*	81
82 HEMOGLOBIN		3.25L	82
83 AUTOMATED BLOOD COUNT		12.00L	83
84 WHITE CELL COUNT		4.00*	84
85 COMPLETE BLOOD COUNT (CBC)		12.00L	85
86 CHOLESTEROL TEST		8.00L	86
87 FLOCCULATION TEST		8.00*	87
88 HEMATOCRIT		3.00*	88
89 PLATELET COUNT (REES-ECKER)		7.75*	89
90 POTASSIUM TEST - BLOOD		12.00*	90
91 PROTHROMBIN TIME TEST		7.00L	91
92 SEDIMENTATION RATE		4.00L	92
93 BLOOD SUGAR		8.00L	93
94 BUN-UREA - NITROGEN		6.00L	94
95 URIC ACID		9.00L	95
96 FECES-OCCULT BLOOD-SCREENING		4.00*	96
97 PAP TEST		8.00*	97
98 ROUTINE URINALYSIS		5.00L	98
99 CHEMICAL URINALYSIS		3.54*	99
100 PATHOLOGY - THREE SPECIMENS		34.00*	100
101 ELEC MONITORING-PACEMAKER		24.00*	101
102 DONOR NEPHRECTOMY-UNILATERAL			102
103 KIDNEY TRANSPLANT			103
104 HOSPITAL BED - RENTAL		45.00*	104
105 WALKER - RENTAL		5.00*	105
106 WHEELCHAIR - RENTAL		26.50*	106
107 LIQUID OXYGEN - RENTAL			107
108 HOSPITAL BED - PURCHASE		450.00*	108
109 WALKER - PURCHASE		30.00*	109
110 WHEELCHAIR - PURCHASE		280.00*	110

APPENDIX A

ALABAMA

Six Localities:

- 01 Seven N.W. Counties: Colbert, Franklin, Lauderdale, Lawrence, Limestone, Madison, Morgan
- 02 Six North Central Counties: Calhoun, Dekalb, Etowah, Fayette, Marshall, Tuscaloosa
- 03 Eight S.E. Counties: Butler, Covington, Crenshaw, Dallas, Houston, Lee, Montgomery, Russell
- 04 Two S.W. Counties: Baldwin, Mobile (city)
- 05 One large Metropolitan County: Jefferson
- 06 Forty-one small Rural Counties:

Autauga	Henry
Barbour	Jackson
Bibb	Lamar
Blount	Lowades
Bullock	Marengo
Chambers	Marion
Cherokee	Monroe
Chilton	Perry
Clark	Pickens
Clay	Pike
Clebourne	Randolph
Coffee	St. Clair
Conecuh	Shelby
Coosa	Sumter
Cullman	Talladega
Dale	Tallapoosa
Elmore	Walker
Escambia	Washington
Geneva	Wilcox
Greene	Winston
Hale	

ARIZONA

Six Localities:

01--Phoenix--including Avondale, Chandler, Clearwater Hills, Cashion, Desert Sage, El Mirage, Gilbert, Glendale, Goodyear, Guadalupe, Litchfield Park, Mesa, Paradise Valley, Peoria, Scottsdale, Sun City, Surprise, Tempe, Tolleson, and Youngtown.

02--Tucson---including Casas Adobes, Catalina Foothills, Desert Steppes, Indiana Ridge Estates, Sherwood Village, South Tucson, and Vista Del Sahuaro.

05--Flagstaff

07--Prescott

08--Yuma

99--All other parts of the State

(City limits are exact boundaries of localities)

CALIFORNIA

Twenty-eight Localities - Conform to PSRO Areas:

Blue Shield handles all of 1-15 and 27

Occidental handles 16-28, except for 27

01 - Del Norte, Humboldt, Lake, Mendocino, Sonoma

02 - Butte, Colusa, Glenn, Lassen, Modoc, Plumas, Sierra, Shasta,
Siskiyou, Sutter, Tehama, Trinity, Yuba

03 - Marin, Napa, Solano

04 - El Dorado, Nevada, Placer, Sacramento, Yolo

05 - San Francisco

06 - San Mateo

07 - Alameda & Contra Costa

08 - Alpine, Amador, Calaveras, San Joaquin & Tuolumne

09 - Santa Clara

10 - Mariposa, Merced, Stanislaus

11 - Madera, Fresno

12 - Monterey, San Benito, Santa Cruz

13 - Kings and Tulare

14 - Kern

15 - Inyo, Mono, San Bernardino

16 - San Luis, Obispo, Santa Barbara (Occidental)

17 - Ventura (Occidental)

(Localities 18 through 25 are composed of cities and parts of Los Angeles denoted by ZIP Codes)

18 :	Altadena Alhambra San Marino Tujunga Glendale San Gabriel Temple City Sunland	Verdugo City Pasadena Garvey Eagle Rock Rosemead La Crescenta Montrose	La Vina El Monte South Pasadena Monterey Park La Canada South San Gabriel Wilmar
19 :	Avalon Wilmington Palos Verdes Estates Long Beach	Terminal Island Hawthorn Gardens Lakewood San Pedro	Dominquez Harbor City Palos Verdes Peninsula Los Alamitos
20 :	Agoura Palmdale Chatsworth Burbank Hidden Hills Olive View Rosedale San Fernando Tarzana Sun Valley Lancaster	Little Rock Canoga Park Quartz Hill Granada Hills North Hollywood Northridge Panorama City Sherman Oaks Studio City Woodland Hills Toluca Lake	Calabasas Pearblossom Encino Mission Hills Newhall Pacoima Saugus Sepulveda Van Nuys Sylmar
21 :	Commerce Glendora East Los Angeles Rowland Heights Norwalk Valinda Whittier La Verne Baldwin Park Walnut	Duarte La Mirada Monrovia Montebello Santa Fe Springs Claremont Azusa San Dimas	Hacienda Heights La Puente Los Nietos Sierra Madre Pico Rivera West Covina Arcadia Pomona Covina

CALIFORNIA pg. 2

22 : Culver City Sawtelle Mar Vista Pacific Palisades Los Angeles Postal Zones: 90034 90066	Santa Monica Marina del Rey Westwood Palms 90049 90073	Malibu Venice Ocean Park Playa del Rey 90064	25 : Beverly Hills Los Angeles Postal Zones: 90027 90028 90036 90038 90048 90068	90029 90046 90069
23 : Gardena Torrance Manhattan Beach Bellflower Compton El Segundo Huntington Park Lawndale Paramount Los Angeles Postal Zones: 90009	Rolling Hills Lomita Bell Redondo Beach Willowbrook Home Gardens Inglewood Maywood South Gate 90045	Hermosa Beach Artesia Palos Verdes Bell Gardens Downey Hawthorne Lynwood Lennox	26 : Orange County	27 : Riverside County (California Blue Shield)
24 : Los Angeles Postal Zones: Metropolitan Center 90006 90013 90033 90008 90056 90007 90012 90023 90053 90043 90062 90018 90058 90005 90014 90035 90042 90059 90002 90016 90031 90003 90055 90004 90057 90020 90039 90037 90001 90010 90017 90055 90054 90047 90026 90019 90021 90011 90063 90061 90015 90051 90032 90044	28 : San Diego & Imperial Counties.			

CONNECTICUT

Four Localities:

- 01- Northwest and North Central - City of New London, Hartford County,
Litchfield County (except New Milford, Washington, Bridgewater,
and Roxbury Townships), Tolland County (except Willington,
Coventry, Mansfield, and Columbia Townships), and Southbury,
Middlebury, Waterbury, Wolcott, Naugatuck, Beacon Falls.
Prospect, Cheshire, Wallingford, and Meriden Townships in
New Haven County.
- 02- Southwest - New Milford, Washington, Bridgewater, and Roxbury
Townships in Litchfield County and Fairfield County (except
Monroe, Shelton, Trumbull, Easton, Fairfield, Bridgeport, and
Stratford).
- 03 - South Central - Oxford, Seymour, Darby, Orange, Ansonia, Bethany,
Woodbridge, Hamden. North Haven, New Haven, North Branford.
Guilford, Madison, Branford, East Haven, West Haven, and
Milford Townships in New Haven County and Monroe, Shelton,
Trumbull, Easton, Fairfield, Bridgeport, and Stratford
Townships in Fairfield County.
- 04 - Northeast and Southeast - Middlesex County, New London County
(except the City of New London), Windham County, and Willington,
Coventry, Mansfield, and Columbia Townships in Tolland County.

GEORGIA

Four Localities (by counties):

- 01 Fulton, Clayton, Dekalb, Butts, Cherokee, Cobb, Douglas,
Fayette, Forsyth, Gwinnett, Henry, Newton, Paulding,
Rockdale, Walton
- 02 Chatham, Houston, Bibb, Richmond, Muscogee
- 03 Whitfield, Floyd, Troup, Coweta, Hall, Spalding, Clarke,
Baldwin, Laurens, Bulloch, Ware, Glynn, Lowndes, Dougherty,
Catoosa, Thomas, Walker
- | | | | |
|------------|-------------|---------------|------------|
| 04 Lumpkin | Habersham | Upton | Talbot |
| Union | Stephens | Chattahoochee | Crawford |
| Towns | Franklin | Polk | Pike |
| White | Hart | Haralson | Heard |
| Rabun | Jackson | Carroll | Pikens |
| Banks | Madison | Seminole | Gilmer |
| Oconee | Elbert | Miller | Dade |
| Oglethorpe | Barrow | Baker | Dawson |
| Lincoln | Dodge | Atkinson | Newton |
| Taliaferro | Randolph | Lanier | Morgan |
| Jasper | Terrell | Clinch | Greene |
| Putnam | Crisp | Echols | Wilkes |
| Hancock | Sumter | Calhoun | McDuffie |
| Glascock | Dooly | Clay | Columbia |
| Warren | Macon | Quitman | Washington |
| Chattooga | Peach | Stewart | Jefferson |
| Gordon | Harris | Webster | Burke |
| Murray | Merriwether | Schley | Emanuel |
| Bartow | Lamor | Marion | Screvin |
| Fannin | Monroe | Taylor | Ettingham |
| Taltnall | Liberty | Long | Toombs |
| Appling | Wayne | Brooks | Grady |
| Decatur | Colquitt | Worth | Ben Hill |
| Early | Cook | Tift | Tel Fair |
| Mitchell | Berrien | Coffee | Jones |
| Wilkinson | Jenkins | Bleckley | Montgomery |
| Twiggs | Truett | Palaski | Evans |
| Johnson | Candler | Wheeler | Bryan |
| Jeff Davis | Bacon | McIntosh | Candler |
| Charlton | Brantley | Pierce | Irwin |
| Turner | Lee | Wilcox | |

INDIANA

Three Localities:

- 01 - Metropolitan-
Lake, Porter, LaPorte (Northwest Indiana)
Allen (Ft. Wayne)
Marion (Indianapolis), Shelby
Madison, Delaware (Anderson, Muncie)
Vanderburgh (Evansville)
- 02 - Urban-
Monroe, Grant, Tippecanoe, St. Joseph(South Bend), Clark,
Wayne, Wells, Floyd, Vigo(Terre Haute), Elkhart, Howard,
Cass, Henry, Lawrence, Kosciusko, Bartholomew, Hancock,
Hendricks, Johnson, Knox, LaGrange, Daviess
- 03 - Rural- Remaining Counties

MASSACHUSETTS

Two Localities: 01 Urban, 02 Suburban/Rural

AREA 01 - Urban - includes the following places

BOSTON SMSA
(Essex County)
Beverly

Lynn

Peabody

Salem

Danvers

Hamilton

Lynnfield

Manchester

Marblehead

Middleton

Mahan

Saugus

Swampscott

Topsfield

Wenham

(Middlesex County)
Cambridge

Everett

Halden

Medford

Melrose

Newton

Somerville

Waltham

Woburn

Arlington

Ashland

Bedford

Belmont

Burlington

Concord

Framingham

Lexington

Lincoln

Natick

North Reading

Reading

Sherborn

Stoneham

Sudbury

Wakefield

Watertown

Wayland

Weston

Wilmington

Winchester

(Norfolk County)
Quincy

Braintree

Brookline

Canton

Cohasset

Dedham

Dover

Hilbrook

Medfield

Millis

Milton

Needham

Norfolk

Norwood

Randolph

Sharon

Malpole

Wellesley

Westwood

Weymouth

(Plymouth County)
Duxbury

Hanover

Hingham

Hull

Marshfield

Norwell

Pembroke

Rockland

Scituate

Boston SMSA (cont.)

(Suffolk County)
Boston

Chelsea

Revere

Winthrop

BROCKTON SMSA
(Bristol County)

Easton

(Hampshire County)
Avon

Stoughton

(Plymouth County)
Brockton

Abington

Bridgewater

East Bridgewater

Hanson

West Bridgewater

Whitman

WORCESTER SMSA
(Worcester County)
Worcester

Auburn

Berlin

Boylston

Brookfield

East Brookfield

Grafton

Holden

Leicester

Millbury

Northborough

Northbridge

North Brookfield

Oxford

Paxton

Shrewsbury

Spencer

Sterling

Sutton

Upton

Westborough

SPRINGFIELD-CHICOPEE-
HOLYOKE, MASS.-CON.--
SMSAMass. portion
(Hampden County)

Chicopee

Holyoke

Springfield

Westfield

Agawam

East Longmeadow

Hampden

Longmeadow

Ludlow

Monson

Palmer

Southwick

West Springfield

Wilbraham

(Hampshire County)

Northampton

Easthampton

Granby

Hadley

South Hadley

(Worcester County)

Warren

PITTSFIELD SMSA

(Berkshire County)

Pittsfield

Dalton

Lanesborough

Lee

Lenox

MASSACHUSETTS (Cont'd)

AREA 02 - Suburban/Rural - includes the following places in
SMSA's and the remainder of the State.

<u>FALL RIVER, MASS.-R.I.</u> <u>SMSA</u>	Westford	(Norfolk County)
Mass. portion (Bristol County)	<u>New Bedford, Mass.</u> <u>SMSA</u>	Bellingham
Fall River	(Bristol County)	Franklin
Somerset	New Bedford	Plainville
Swansea	Acushnet	Wrentham
Westport	Dartmouth	(Worcester County)
<u>LAWRENCE-HAVERHILL, MASS.-</u> <u>N.H. SMSA</u>	Fairhaven	Blackstone
Mass. portion (Essex County)	(Plymouth County)	Millville
Lawrence	Marion	
Haverhill	Mattapoisett	
Andover	<u>FITCHBURG-LEOMINSTER SMSA</u>	
Georgetown	(Middlesex County)	
Groveland	Shirley	
Herrinac	Townsend	
Methuen	(Worcester County)	
North Andover	Fitchburg	
West Newbury	Leominster	
<u>LOWELL, MASS. SMSA</u>	Lunenburg	
(Middlesex County)	Westminister	
Lowell	<u>PROVIDENCE-PAWTUCKET-</u> <u>WARRICK, R.I.-M.I.S.</u> <u>SMSA</u>	
Billerica	Mass. portion (Bristol County)	
Chelmsford	Attleboro	
Dracut	North Attleborough	
Tewksbury	Rehoboth	
Tyngsborough	Seekonk	

Two Localities:

01- Rural - All ZIP Codes starting with 386,387,388,389,390,391,393,
394,396,397 (except 38801, 39301, 39401) and the
following 395 ZIP Codes:

39550-Bond	39561-McHenry
39552-Escatawpa	39572-Pearlington
39553-Gautier	39573-Perkinston
39555-Hurley	39574-Saucier
39556-Kiln	39575-Wade
39558-Lakeshore	39577-Wiggins

02- Metropolitan - All ZIP Codes starting with 392 and 395 (except as
noted in area 01 above) and the following:

392__	Jackson
395__	Biloxi
38801	Tupelo
39301	Meridian
39401	Hattiesburg

MISSOURI

Seven Localities:

General American Life

- 01 - Cities of Columbia, Jefferson City, Springfield, Metropolitan St. Louis, St. Louis County and St. Charles County
- 02 - Cities of Joplin, Cape Girardeau, Kirksville, Poplar Bluff, Hannibal, Sikeston and Jefferson County (City limits boundaries except Jefferson County)
- 03 - Rural - rest of State except Blue Shield of Kansas City area

Blue Shield of Kansas City - Missouri

- I - Buchanan County (rural)
- II - Clay and Platte Counties (suburban)
- III - Jackson County (metropolitan)
- VI - Rural - Andrew, Atchison, Bates, Benton, Caldwell, Carroll, Cass, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Ray, St. Clair, Saline, Vernon, Worth

NEW YORK

Ten Localities:

New York B/S of Greater New York

- A - New York County
- B - Bronx, Kings, Richmond, Westchester, Nassau, Rockland, and Suffolk Counties
- C - Dutchess, Orange, Putnam, Sullivan, Ulster, Columbia, Delaware, and Green Counties

Group Health Insurance - New York

Queens County

Blue Shield of Western New York

Geographic Area I

Alleghany, Cattaraugus, Erie, Genessee, Niagara, Orleans and Wyoming Counties

Geographic Area II

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

Geographic Area III - Includes the following cities:

Albany	Saratoga Springs	Cooperstown
Binghamton	Schnectady	Marcellus
Endicott	Syracuse	Fayetteville
Glens Falls	Utica	New Hartford
Johnson City	Troy	Ogdensburg

(The city limits are the locality boundaries.)

Geographic Area IV - All towns and communities in the following counties other than the nine cities shown in Area III:

Albany	Fulton	Rensselaer
Broome	Hamilton	Saratoga
Cayuga	Herkimer	Schnectady
Chautauqua	Jefferson	Schoharie
Chemung	Lewis	Schuyler
Chenango	Madison	St. Lawrence
Clinton	Montgomery	Steuben
Cortland	Oneida	Tioga
Essex	Onondaga	Tompkins
Franklin	Oswego	Warren
	Otsego	Washington

Texas

Thirty-Two Localities:

Counties -(Cities)

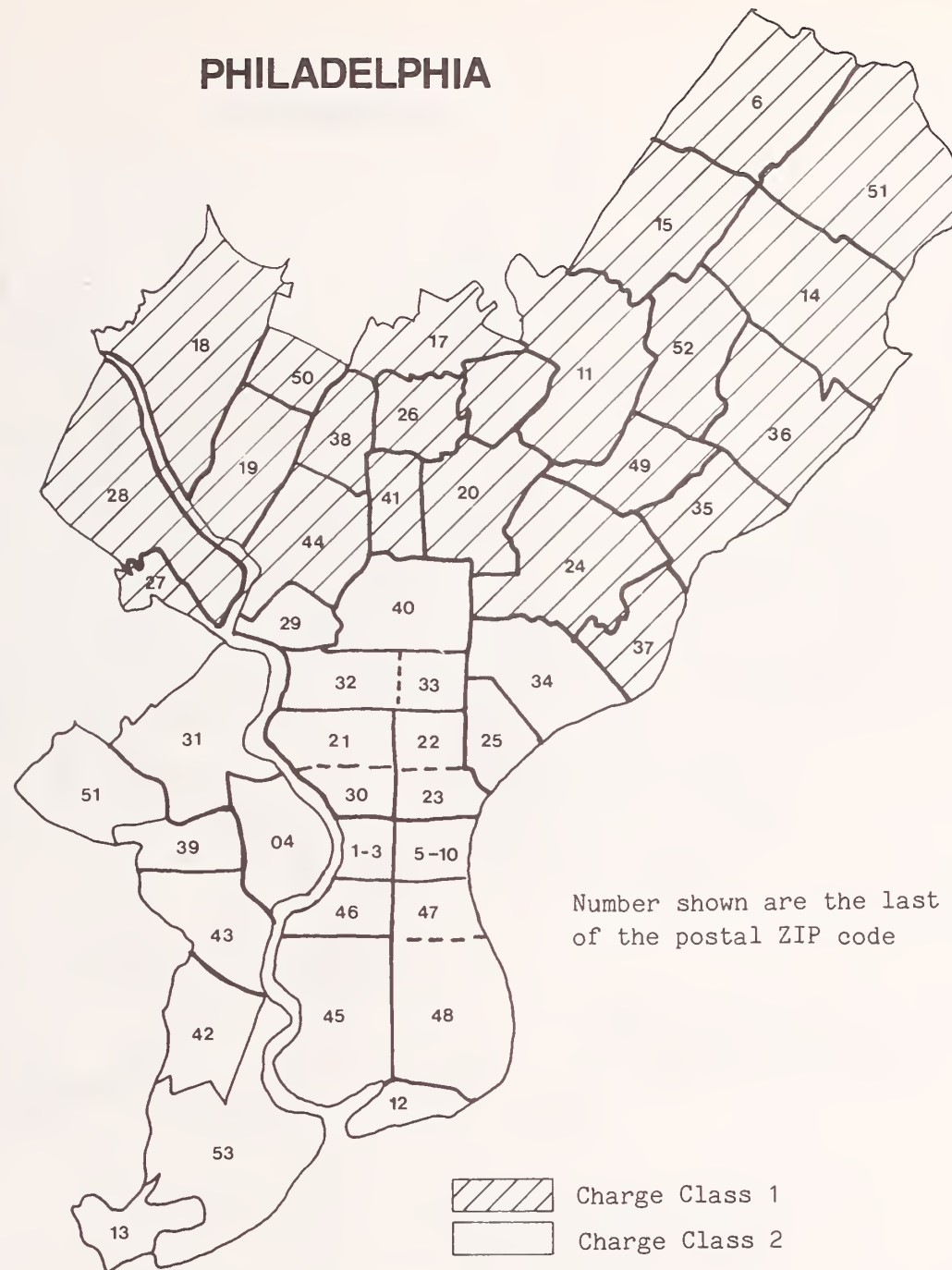
- | | |
|--|--|
| 02 - North Central, North East Texas
(see right side of page) | 24 - Nueces (Corpus Christi) |
| 03 - Central, South, Southeast Texas
(see right side of page) | 25 - Orange (Orange) |
| 04 - Panhandle and West Texas
(see right side of page) | 26 - Potter (Amarillo) |
| 06 - Bell (Killeen-Ft. Hood) | 27 - Smith (Tyler) |
| 07 - Bexar (San Antonio) | 28 - Tarrant (Fort Worth) |
| 08 - Bowie (Texarkana) | 29 - Taylor (Abilene) |
| 09 - Brazoria (Freeport) | 30 - Tom Green (San Angelo) |
| 10 - Cameron (Brownsville) | 31 - Travis (Austin) |
| 11 - Dallas (Dallas) | 32 - Victoria (Victoria) |
| 12 - Denton (Denton) | 33 - Webb (Laredo) |
| 14 - El Paso (El Paso) | 34 - Wichita (Wichita Falls) |
| 13 - Ector (Odessa) | |
| 15 - Galveston (Galveston) | |
| 16 - Grayson (Sherman) | (The localities are
determined on a County
basis. The cities listed
are major cities in the
locality.) |
| 17 - Gregg (Longview) | |
| 18 - Harris (Houston) | |
| 19 - Hidalgo (Pharr-McAllen) | |
| 20 - Jefferson (Beaumont) | |
| 21 - Lubbock (Lubbock) | |
| 22 - McLennan (Waco) | |
| 23 - Midland (Midland) | |

02 - Throck Morton, Stephens, Palo Pinto, Lampasas, Morris, Montague, Cooke, Fannin, Lamar, Red River, Collin, Hunt, Delta, Titus, Camp, Cass, Trinity, Marion, Harrison, Panola, Rusk, Wood, Hopkins, Rains, Kaufman, Van Zandt, Parker, Ellis, Johnson, Hood, Jack, Rockwall, Coryelle, Wise, Somervell, Erath, Hill, Bosque, Hamilton, Freestone, Limestone, Anderson, Navarro, Leon, Upshur, Houston, Madison, Franklin, Cherokee, Falls, and Young Counties.

03 - Shelby, Sabine, Angelini, Newton, Jasper, Tyler, Polk, Nacogdoches, San Augustine, Walker, San Jacinto, Hardin, Chambers, Grimes, Montgomery, Robertson, Brazos, Burleson, Washington, Lee, Williamson, Burnet, Henderson, Aransas, Austin, Colorado, Wharton, Gillespie, Blanco, Kendall, Kerr, Hays, Caldwell, Fayette, Matagorda, Calhoun, Refugio, Lavaca, Gonzales, San Patricio, Kleberg, Waller, Kenedy, Willacy, Jim Wells, Duval, Brooks, Zapata, Starr, Jim Hogg, La Salle, McMullen, Live Oak, Bee, Karnes, Wilson, Atascosca, Frio, Medina, Comal, Fort Bend, De Witt, Goliad, Bandera, Guadalupe, Jackson, Liberty, Milam, Llano, Bastrop Counties.

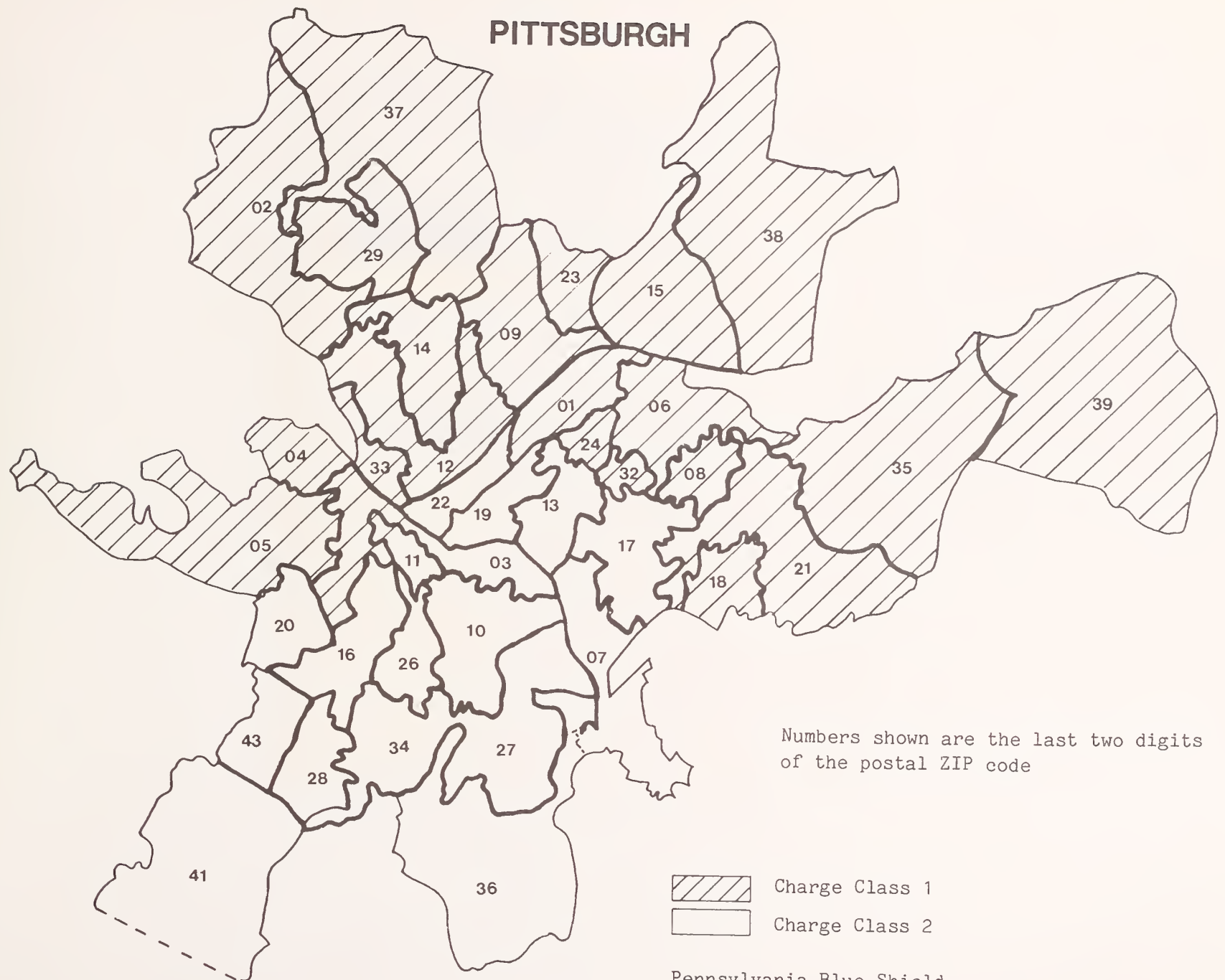
04 - Dallam, Sherman, Hansford, Ochiltree, Hartley, Moore, Hutchinson, Hemphill, Carson, Gray, Wheeler, Deaf Smith, Randal, Armstrong, Donley, Parmer, Castro, Swisher, Briscoe, Hall, Childress, Shackelford, Bailey, Lamb, Hale Floyd, Motley, Cottle, Foard, Wilbarger, Clay, Archer Baylor, Knox, Dickens, Crosby, Hockley, Cochran, Yoakum, Terry, Lynn, Garza, Kent, Stonewall, Haskell, Gaines, Dawson, Borden, Schurry, Fisher, Jones, King, Winkler, Ward, Upton, Runnels, Collingsworth, Brewster, Hardeman, Iron, Lipscomb, Menard, Oldham, Andrews, Martin, Howard, Mitchell, Nolan, Callahan, Eastland, Hudspeth, Culberson, Reeves, Loving, Glasscock, Sterling, Coke, Coleman, Brown, Crane, Roberts, Regan, Concho, McCulloch, Sutton, Mason, Schleicher, Crockett, Pecos, Jeff Davis, Presidio, Terrell, Val Verde, Kimble, Edwards, Kinney, Comanche, Mills, San Saba, Real, Uvalde Zavala, Dimmit and Maverick Counties.

PHILADELPHIA



Pennsylvania Blue Shield





Pennsylvania Blue Shield

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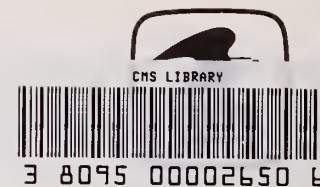
The Medicare directory of
prevailing charges

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The Medicare directory of
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